AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. V. Vol. IV. { New Series. NEW YORK : SATURDAY, FEBRUARY 1, 1862. { *Mail Subscribers, $3 per Ann.* *City and Canadian, 3 50 "* *Single Numbers, 10 cents.*

Original Lectures.

CLINICAL LECTURES ON THE PUERPERAL DISEASES.

DELIVERED AT THE BELLEVUE HOSPITAL MEDICAL COLLEGE.

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LECTURE I.—PART II.

ON PUERPERAL CONVALESCENCE.

The Lochia.—The lochial discharge usually decreases in a very marked degree for a few hours on the second or third day, during the existence of what is termed the milk fever. It is sometimes entirely suspended at this time, and the nurse should be prepared by your instructions for such an occurrence. The turpentine stupe placed over the hypogastrium, and retained as long as the patient can bear it, will usually restore the discharge. On the other hand, the sanguineous discharge may continue too long and be of too bright a color. Examine the uterus and ascertain whether its size is progressively decreasing. Keep your patient rigidly in the horizontal position, and free from all emotional excitement. If the uterus remains so enlarged, that it can be readily felt above the pubes, you will probably find it useful to give her half a teaspoonful of Squibb's fluid extract of ergot, every two hours; and if she be of a delicate habit and anæmic constitution, tonics are indicated. I shall occasionally give you formulas for prescriptions, that you may become familiar with my mode of prescribing. I trust that this will not lead you to become routine practitioners, as it surely will not, if you form the habit of carefully analysing every formula to ascertain the special indications fulfilled by each article in the combination. Well then, you have a feeble, delicate, anæmic patient, and the lochial discharge continues profuse and of a bright color, six or eight days after labor. You find the uterus remaining above the pubes, nearly as large as a child's head. You give her ergot, as I before described, and, in addition, you make a prescription something like the following:—℞. Quiniæ sulph. ʒj.; ferri sulph., gr. xij.; ext. nucis vomicæ, pulv. capsici, ää, gr. vj.; M. Ft. pil. (argent.), No. 12. S. one three times a day, directly after eating. Now, ask yourselves what is the object of the quinine, the iron, the nux vomica, the capsicum? I have seen, quite frequently, this condition associated with a very profuse lactation, which is an additional drain upon the system, and the patient is nervous, irritable, and suffers from headache and insomnia. Now, what advantage will you obtain by adding to the above formula four grains of opium? She will then take one-third of a grain in each pill, or a grain in the twenty-four hours.

In some, fortunately rare cases, a profuse and dangerous discharge of blood may come on some days after delivery. This has been termed *secondary hæmorrhage*, and it is all-important to determine the cause from which this accident has arisen. It may arise from simple relaxation of the uterus; second, from premature exertion or excitement of the patient; third, from retention of a coagulum or some portion of the secundines; fourth, from polypus, submucous fibrous tumor of the uterus, or some malignant disease of the uterus; or, fifth, from partial or complete inversion of the organ.

The normal duration of the lochia varies greatly in different individuals. Sometimes the nurse, and even the patient herself, are greatly alarmed from an apprehension that the lochia have ceased at too early a period after delivery. The early cessation of the lochia, unaccompanied by any other symptom of puerperal disturbance, is not a cause for anxiety, but it may be a symptom of great importance in connexion with the various puerperal diseases which we shall study by-and-by. It is well to remember that, just as in abortion, if the ovum be some time dead, previous to its expulsion, there is usually very little hæmorrhage; so at full term, if a woman is delivered of a child which has been some days dead, the lochial discharge is usually much less, and ceases at an earlier period than ordinary.

Retention of Urine.—Before leaving a woman who has just been delivered, I am always very particular to direct the nurse to try and induce her to pass the urine within a few hours. The application of a warm cloth to the vulva will facilitate this effort. Sometimes by turning the patient upon her face and knees she may be able to accomplish this when she could not in any other posture; but she should not be allowed to exhaust herself in fruitless efforts to accomplish this end. This retention may be due to loss of contractility of the muscular tissue of the bladder, a kind of paralysis from over distension, or to a mechanical obstruction, the meatus or urethra being closed by tumefaction. The first condition is usually relieved by giving the patient, every fifteen minutes, for an hour or two, twenty drops of the fluid extract of ergot. After delivery, especially if the second stage be long, I always examine the bladder before leaving my patient, and if I have reason to suspect that it contains much urine, I give the nurse some ergot with directions as to its use. It is, therefore, very rarely that I am compelled to use the catheter in the puerperal woman; but where the retention is due to the second cause mentioned, the catheter is the only resource. As your text-books give you minute directions as to the guides for introducing this instrument, I shall not detain you by a repetition of these rules. I will only suggest to you the great advantage of your becoming perfectly familiar with these guides by the sense of touch, by availing yourselves of every opportunity for practice on the cadaver. When necessary, the catheter should be used every eight hours, until the patient is able to relieve herself. It sometimes happens that the physician may be misled by the unintentional misrepresentations of the nurse and of the patient herself, as in the following case:—I was called last winter, in consultation with an excellent physician, and highly esteemed friend, to see a young lady aged nineteen, whose first labor had terminated fifty-two hours before I saw her. She had slept none since her delivery, and I found her with a very sharp irritable pulse, hot skin, flushed face, red eyes, excited manner, and tympanitic abdomen. She complained of violent headache and intense pain over the hypogastrium, and for some hours previous to my seeing her, she had been frequently delirious for a few minutes at a time. My friend, who was in attendance, in answer to repeated inquiries, had been assured, both by the nurse and the patient herself, that she had passed urine many times since her delivery, and that "there was no difficulty in that respect." A thorough and careful palpation of the abdomen was very difficult, on account of the great tympanites and exquisite tenderness on pressure, but I thought that I was able to detect above the pubes the outline of a large elastic tumor, quite different from the uterine tumor, which, at this period, I ought to be able clearly to define.

I therefore asked permission to introduce a catheter, and drew off over five pints of very offensive urine. An anodyne was then given, the catheter was used every eight hours for a few days, and the subsequent convalescence was uninterrupted by a single unpleasant symptom. In our lying-in wards in this hospital, although our house staff are usually on their guard as to this source of error, I have in two instances found a large quantity of urine in the bladder, the house physician having accepted the statement of the patient that she had passed water very frequently. I learned a lesson on this point some sixteen years ago. I was asked by one of my confrères in the town where I resided, to make a post-mortem examination of a woman who had died a few days after her confinement. He attributed her death to some obscure cerebral disease, but he also said that severe peritonitis came on soon after her con-

finement, which he had successfully combated by venesection, blisters, and calomel and opium. For my present purpose, it is not necessary for me to detail the results of the autopsy, further than to say that I found in the bladder nearly a gallon of urine. This was considered very curious, particularly as the patient had passed water very frequently from the time of her confinement up to within a few hours of her death. It was not for me to wound the feelings of my friend, who was many years my senior, by unkind comments, but I internally drew my own inferences, and in my own mind "made a note of it." Enough has been said to lead you to see the necessity for making a careful examination of the abdomen after confinement.

Laxatives.—In most women, after confinement, the bowels are not opened until some means for this purpose are used, and castor oil is the article which is undoubtedly more frequently given than anything else. I suppose that three-fourths of all the women confined in this country, take a dose of castor oil on the second or third day after delivery. Now I do not consider this routine practice judicious. Many patients do not require any laxative, the bowels acting spontaneously on the second or third day. I therefore wait for some indication of the necessity for such an agent before prescribing one, and then I very rarely select castor oil, for the following reasons:—It is to most patients an exceedingly nauseous disagreeable medicine to take, and where there is any tendency to piles, which is very frequently the case after labor, it is one of the worst agents that you can select. I have frequently observed severe suffering from piles, following the evacuation of the bowels from a dose of castor oil. For these reasons I have therefore almost wholly given up its use as a laxative after confinement. The selection of the agent must depend upon the special indication in each individual case. If a laxative is required simply on account of torpor of the bowels, an enema of warm water and castile soap, thrown up the rectum very slowly and gently, is much better than any medicine administered by the mouth; or if the patient has a great aversion to an enema, as some have, the following pills, taken directly after breakfast, will usually act efficiently and without pain:—℞. Ext. colocynth co., pulv. rhei (Turk.), āā, gr. iij.; ext. hyoscyami, gr. ij.; ext. nucis vomicæ (alcoh.), gr. j.; ol. caryoph., gtt. j.; M. Ft. pil. No. 3. Let me here state that laxative medicine should always be given to the puerperal woman in the morning. Where the laxative is needed, and there are flatulence and severe afterpains in consequence, I have found the following an excellent combination:—℞. Fld. ext. sennæ, syr. zingib. āā, ʒ vj.; tinct. jalap. ʒ ss; tinct. nucis vomicæ, gtt. xl.; M. S. a tablespoonful in a wineglass of water. If the derivative action of a cathartic is needed on account of milk fever, the symptoms of which I shall presently describe, two or three of the compound cathartic pills of the U. S. Dispensatory are perhaps the best agent that you can select. But if your patient has any tendency to or has suffered from piles, I am sure that you will find the following combination invaluable:—℞. Magnesiæ sulph., magnesiæ carb., sulphur. sublim., potass. sup.-tart., āā, ʒ ss. M. bene. S. one or two teaspoonfuls of the powder in any agreeable vehicle.

Piles are very common during pregnancy, and in some cases where they did not exist during pregnancy they come on after delivery, add greatly to the suffering of the patient, and seriously interrupt convalescence.

You know that they are sometimes external, arising from the orifice of the anus. If these become inflamed and very tender, a soft bread-and-milk poultice, with a teaspoonful of the aqueous extract of opium, should be applied, and renewed two or three times a day. It may sometimes be necessary to scarify them, or, if a coagulum is formed, the tumor should be laid open with a lancet, and the contents turned out. After the inflammation has subsided, the ung. gallæ comp. may be smeared over them two or three times a day, which will generally reduce their size and hasten their disappearance. The internal piles are the most painful, as they form within the sphincter and are forced down when the bowels are moved and remain outside. They are grasped by the sphincter and strangulated. Whenever they come down they should be at once returned within the sphincter, by careful, gentle, but firm manipulation. By this management, in connexion with the laxative that I have before mentioned, your patient will rarely suffer much from internal piles. But you see that it is always your duty to make a careful examination to ascertain whether the piles are external or internal.

The subject of my next lecture will be *Lactation*, which will of course include milk fever, sore nipples, and mammary abscess.

Original Communications.

MEDICO-LEGAL POINTS IN A CASE OF SUSPECTED HOMICIDAL CUT THROAT,

AS PRESENTED AT A MEETING OF THE NEW YORK ACADEMY OF MEDICINE, HELD DEC. 18, 1861.

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(*Continued from page* 50.)

BLOODY FLUID IN THE PLEURITIC CAVITIES.

An important point in this case seems to have been, that the effusion in the pleuritic cavities must have taken place prior to the cut in the neck. Here, so far as I can ascertain, is raised for the first time the question, whether suffocation can produce bloody effusion into these cavities. It becomes interesting to inquire whether there is any precedent for such an opinion. I have searched through the ample records of suffocation, hanging, drowning, and strangulation, and through essays devoted to these subjects, and have failed to find a single instance. Cazauvieilh "On Suicide," reporting in detail fourteen cases of strangulation and submersion, noticing the thoracic organs in every instance, makes no mention of such an effusion. Brièrre de Boismont (*Annales d'Hygiène*, xl. 425) in a summary of remarkable things noted in 797 Procès-Verbaux of cases of strangulation and suspension, makes no allusion to any such occurrence; the examination in all these cases being soon after death. Olivier de Angers (*Annales d'Hygiène*, xviii. 845) examined sixteen of the twenty-three persons suffocated by pressure in the Champs de Mars on the 14th of June, 1837, and found effusion of blood in the pleura in none, though ribs were broken in seven from two to thirteen in each.

It seems, then, to be safe to infer that neither blood nor bloody effusion in the pleuritic cavities is ever the direct result of suspended respiration, no matter how produced; that when such effusion is found, excepting when attended by laceration of the lung through violence, it is always either a pathological condition and attended by particular symptoms during life, or a post-mortem result, that may be considered in the light of a drainage. Even in drowned persons, in whom it is most frequently met with, there is no evidence that it is ever observed till after days, and many times weeks, have elapsed.

Devergie remarks (*Annales d'Hygiène*, xvi. 444) that bloody effusions, the result of decomposition, are very common, always in serous cavities, the pleura, pericardium, and sometimes in the peritoneum. They are the result of decomposed blood, which is very fluid, and transudes the tissues, staining them, and occur only after the generation of gas.

Devergie and Orfila are the authors to whom we are chiefly indebted for a knowledge of the fact here referred to. Devergie (*Annales d'Hygiène*, ii. 164) made examinations of sixty-two bodies of persons found drowned, and

took note of the condition of the thoracic cavities in each. Of these forty-five were recognised, and their histories consequently known. The examinations were made in the months of January, February, March, and April, that is, in the cold season of the year. He found at the end of a month of submersion, that the lungs were very emphysematous, filling the cavity of the chest, and extending more or less in advance of the pericardium. At the end of *two months* the cellular tissue in many parts had imbibed the blood of the adjoining vessels, and had become of a uniform red color. Veins had become emptied of blood, and ordinarily were distended with gas. The arteries were red by imbibition through their walls; the pericardium partaking of the color of the arteries, containing bloody serum. In *three months and a half* the lungs no longer filled the cavity of the chest; the space between them and the pleura costalis was filled with reddish serosity, and the serum in the pericardium was less than at earlier periods, was also less liquid, and of a deeper color. At *four months and a half* the pleuræ contained a large quantity of brownish serosity, at least a pound in each.

He remarks that these effusions are almost constant in the drowned, when the bodies have remained more than six weeks in the water, and expresses his belief that they are the results of transudation of the blood and liquids of the vessels in consequence of the development of gas in these tubes. Yet, he remarks, these gases did not remain there always, for after four months and a half the walls of the vessels were effaced and collapsed on each other. That these effusions, however, are not in the drowned purely the result of drainage, is rendered probable by a case recorded by Alexander Watson, in which it is stated that a man thirty-five years of age was drunk, and fought with several persons, and disappeared March 12, 1833, and eight days after was found in a pool of water, at a depth of twenty-eight or thirty feet, with marks of violence upon his head, and other signs which gave rise to the suspicion that he had been murdered, and afterwards thrown into the water. "Eight pounds of fluid blood were taken out from the cavities of the pleura, and several ounces of the same fluid were found in the pericardium." The specific gravity of this fluid is reported to have been 1011. This statement proves conclusively that the fluid was not blood; even that it was not undiluted serum retaining the color of blood. The specific gravity of blood is 1050 to 1057 in health, and in disease it does not fall below 1031: that of serum varies from 1021 to 1030, the healthy standard being 1027. In dropsies, in diseases of the kidney, and after profuse hæmorrhage, it has not been found below 1013. There is no reason to infer that the serum in this man would fall below the healthy standard: blood must have been diluted by four times its bulk of water to have reached the specific gravity here mentioned, and the bulk of serum must have been doubled to have reached the same standard.

But these effusions are not confined to the drowned. Orfila (*Annales d'Hygiène*, iv. 114), in judicial examinations, has often seen this fluid in the pericardium, and has found the blood black and fluid in the vessels for one to eight months after death. He appears to have met with effusion in the pericardium more frequently than in the pleura. In his *Exhumations Juridiques* (*Médicine Légale*, vol. i. p. 405, fourth edition), however, he reports several instances in which the fluid was found in the latter cavities. *Necroscopy* 1.—Eighteen days after death a considerable quantity of bloody serum was found in both pleuritic cavities; the person had died of double pneumonia. *Necroscopy* 2.—Thirty-seven days after death there was also double effusion of a similar character. The person was supposed to have died of pneumonia, which, however, was single. It was also found in the pericardium. *Necroscopy* 5.—One hundred and twenty-four days after death a similar effusion was found in the pericardium, and not in the pleura, the person having died of pneumonia. *Necroscopy* 27.—Thirty-two days after death, eight ounces of bloody serum were found in each pleural cavity. The person had died of apoplexy. He also reports the case of a drowned person, who nineteen days after death had eight ounces of bloody fluid in the right pleura, and none in the left.

Prof. Toulmouche (*Annales d'Hygiène*, July, 1860, p. 210), in his report of judicial autopsies made in cases of natural death, found bloody fluid in the thoracic cavity in three out of ten cases recorded. Thus in *Case* 4, in the right pleuritic cavity there was a moderate effusion of bloody serum. The lung of this side was in a condition which led the reporter to believe that the patient had died of pneumonia. He does not state how long the body had been buried. *Case* 5, which has its duplicate, was in an advanced state of decomposition; there was emphysema under the surface tissues, blisters in all parts filled with bloody serum, adhesions on the entire face of the left lung, and a small quantity of reddish fluid in the pleuritic cavity of that side. There was pneumonia of both lungs, but no bloody effusion is reported on the right side.

It will be noticed that in many of these cases the lungs may be supposed to have been more than usually charged with blood at the time of death. And it cannot be denied that both reason and observation would lead us to expect such effusions most frequently in such cases; still it is to be noticed that even in the cases here referred to, drainage is recorded from lungs that were not diseased, and not supposed to have been engorged in any unusual degree.

That drainage may occur from such lungs appears still further evident from a case reported by Champouillon (*Annales d'Hygiène*, xxxiv. 377). It was that of a soldier in Algeria, who lacking courage to accompany his comrades in a charge, allowed himself to fall from his horse in a marsh. He remained there for several hours, and a few days after died of malignant miasmatic fever. At post-mortem examination, fourteen hours after death, the weather being warm (June 10), the body was much discolored by decomposition; many parts were swollen by gaseous evolutions, and were crepitant on pressure of the fingers. His lungs were highly emphysematous, and pushed out of the open thorax. The pleuræ pulmonales were lifted here and there by the evolution of gas. In each of the pleural cavities there was a sero-sanguinolent fluid, the quantity of which was estimated at two litres, or about four pints, and this fluid was covered by an oleaginous layer of considerable thickness. The peritoneal cavity contained about half a litre (one pint) of the same kind of fluid, without the oily matter.

Gendrin injected into the groin of a cat, blood taken from a butcher, who had been attacked with gangrenous pustule and putrid fever. The animal died in a short time: a few hours after the body was sensibly fœtid. At the autopsy there was found in the left pleura black blood very serous."

Devergie (*Annales d'Hygiène*, . 203) discovered bloody fluid in the thoracic cavity of a fœtus at term, that had not breathed, but had lain in the water six or eight days.

These cases and statements embrace nearly all that I have been able to find bearing upon the post-mortem drainage of the lungs while yet in the natural cavities, but it has appeared to me important to ascertain what quantity of fluids may percolate the tissues of the lungs and pleura after death, from lungs regarded in all respects as healthy when removed from the body. To this end I have instituted a few experiments.

The following will be sufficient to illustrate the points these experiments may settle.

I. A woman, sixty years of age, weighing ninety pounds, died on the 17th of May, 1860. The right lung appeared perfectly healthy; weighed seventeen ounces, displaced f. ʒ xxxvij. of water, giving a specific gravity of ·442. The root of the lung was firmly tied, and the organ was placed, root uppermost, in a glass jar, and carefully covered. The drainage in ten days was four ounces of a dark, bloody serum. The left lung, weighing twenty ounces, was thought to be slightly congested, and was not used for the experiment.

II. A woman, æt. 25, died April 6, 1860, of mania, each

lung weighing fourteen and a half ounces. The left lung displaced f. ℥ xviiss of water, giving a specific gravity of ·797; the right displaced f. ℥ xxj. having a specific gravity of ·663. The root of this lung was tied, and the organ suspended by the ligature in a glass-stoppered jar, and the drainage in seventeen days was f. ℥ iij. and f. ℥ j. The weather being a part of the time hot, decomposition was now advancing, and the experiment was suspended.

III. A woman, æt. 50, weighing one hundred and twenty-one pounds, died, having pneumonia of the right lung. The left lung appearing perfectly healthy, weighed seventeen and a half ounces, and displaced f. ℥ xxvj. of water, giving a specific gravity of ·644. It was tied and suspended as in the last experiment in a stoppered jar. In fourteen days the drainage was f. ℥ viiss. The lung then weighed nine and three quarter ounces, and displaced f. ℥ xivss., the specific gravity being then ·653.

IV. The fourth experiment was conducted for me by Dr. Segur. A woman, æt. 21, weight estimated at one hundred and ten pounds, died of meningitis. The right lung weighed thirteen and a half ounces, and displaced f. ℥ xviiss. ounces, giving a specific gravity of ·729. Suspended in a stoppered jar for fifty-five days the drainage was f. ℥ ixss.; the lung then weighed four and a quarter ounces, and displaced f. ℥ vj. of water; the specific gravity being then ·680. Here it will be seen that in fifty-five days more than two-thirds of the ordinary weight of the lung has drained from it in fluid matter, leaving the lung tissue not yet dried weighing no more than four and a quarter ounces.

These experiments illustrate what may take place within the body after gaseous matter has been developed to some extent in the pleuritic cavities and in the vessels of the lungs to facilitate the transudation of the fluids. It will be borne in mind that while it is denied that the lungs, in the case which is the occasion of these remarks, were congested in the sense in which that term is usually used, that is, that the vessels at the time of death contained more than their usual quantity of blood, yet it is not denied that they contained more of this fluid than would have been looked for had the woman died of hæmorrhage from the femoral artery or other vessels, the severing of which did not imply the severing of the trachea.

PULMONARY APOPLEXY.

It was claimed by the prosecution that in the right lung there were several points of pulmonary apoplexy, and that statement was admitted as true on inspection of the part of the lung. The explanation given by the prosecution and defence was very different; the former claiming that these effusions were the result of suffocation; the latter, that so far from having been produced by this cause, their very existence proved that no suffocation had been attempted. No cases were cited, and it is believed that no instance can be found in which suffocation has produced circumscribed pulmonary apoplexy. If the explanation which Watson (*Pract. Phys.*, 3*d Amer. Ed.*, p. 613) and Carswell (*Path. Anat.*, part Hæmorrhage) have given of this occurrence is admitted, it will appear obvious that the fact is inconsistent with asphyxia in any form. Watson, speaking of the ordinary occurrence of pulmonary apoplexy, says: "The seat of the effusion is in one or more of the larger branches of the air tubes and the blood, or a part of it is driven backwards into certain of the pulmonary lobules by convulsive efforts to respire. * * * * It is easy to understand how certain portions of the lung, without undergoing any actual change of condition, may be so choked up and crammed with blood as to preclude any subsequent admission of air." He here speaks of the variety called circumscribed apoplexy of the lung, which was the variety observed in the lung in question. This choking up and cramming with blood is a filling of the air cells of the lungs. This can be made evident by the same procedure by which we determine the seat of the effusion in pneumonia: by the aid of a lens the little coagulum formed in a single air cell can be turned out with the point of a needle and its character ascertained under a microscope, and thin sections of pulmonary apoplexy under the microscope can be easily made to show that it is the air cells that contain the blood and not the general tissue of the lung. Now it is claimed that pulmonary apoplexy of this variety can be produced in cut throats merely by a forcible inspiration taking place while the trachea is more or less filled with blood from the cut, and inasmuch as "convulsive efforts to respire" are necessary so to fill the air cells, it is plain that such efforts are not likely to take place during an attempt at homicidal suffocation; and further, on this supposition there is no source from which the blood can flow to be drawn into the lungs. Those who have noticed the effect of cutting the trachea and large vessels of the neck in the inferior animals will easily understand this. After the wound is made, for some seconds there is no effort at inspiration, but before death takes place there are usually three or more, and one or more of these will be observed to be convulsive and noisy from the blood that has already entered the severed windpipe; and as an observed fact circumscribed apoplexy of the lung does take place in these animals under these circumstances, and will occur in the right lung when the body of the animal is inclined to the right, or in the left lung when inclined to left.

In confirmation of this view of pulmonary apoplexy, I may be permitted to cite a case that occurred under my own observation. At Bellevue Hospital, some years ago, we had a patient who had occasional vomitings of blood, from ulcer of the stomach. One day, while enjoying the sun and air on the south side of the building, sitting with other patients on a bench, he suddenly discharged from his stomach a large quantity of blood. A loud gurgling noise was heard in his breathing, and he fell dead. At post-mortem examination, coagulated blood was found in the stomach. The trachea and bronchial tubes contained frothy blood, and both lungs were studded with numerous masses, large and small, of circumscribed apoplexy. There was no other lesion of the lung. It seems to me clear, that this man, feeling the urgent want of breath while the throat and mouth were full of blood, had drawn this fluid into the lungs by one or more violent inspirations.

(*To be continued.*)

ON THE USE OF IPECAC IN CHRONIC DYSENTERY AND DIARRHŒA.

By H. D. BULKLEY, M.D.,
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(*Read before the New York County Medical Society.*)

The favorable effect of the internal use of ipecac in four cases of chronic dysentery and diarrhœa, under my care at the New York Hospital, during the months of September and October last, leads me to present a short abstract of them, in confirmation of the accounts recently given us by some of the British journals of the use of this article in these forms of disease in the East.

The first case in which I gave it was in a sailor, 27 years of age, who had been suffering from the disease three months, but whose general health had not been materially affected by it. He had had ten to fifteen stools in twenty-four hours at times; and when he entered the hospital, the discharges were still as frequent, and consisted entirely of blood and mucus, with more or less griping pains, and considerable tenesmus. Pulse 84, weak. He was directed to take fifteen drops of laudanum, and to have a sinapism on the epigastric region as a preparatory treatment, and in the course of half an hour, to take ten grains of ipecac in powder at one dose. This was retained, with little or no nausea, and at the end of twelve hours the same dose was repeated, with the same preparatory treatment. The stools became entirely fæcal very soon after the first dose, and of a yellow color, and their frequency was very much diminished, and it was not intended that he should have a second dose, but it was repeated before the next visit to

the hospital. The stools were at first thin, but soon became more consistent, until at the end of eight or ten days, when they became almost entirely natural both in color and consistency, no more blood ever having appeared during his stay with us except on two occasions, when a slight coagulated mass of not more than half a teaspoonful appeared on the top of two almost perfectly natural stools. The pain in the abdomen ceased entirely, and his appetite became very good. He continued in this favorable state during the remainder of his stay in the hospital, which we could not induce him to prolong beyond fourteen days, on account of his apparently healthy condition.

The second case was also that of a sailor, 51 years of age, who had contracted dysentery five months previously in the East Indies, and who had suffered from it almost continuously since that time, and to such an extent that while at sea, the discharges from the bowels were almost constantly escaping as he was about his work, and were sometimes bloody and sometimes mucous. He had suffered most of the time from pain in the abdomen, and had lost considerable flesh, though free from any marked fever. On admission into the hospital he complained of much pain and tenderness over the abdomen, and during the first twenty-four hours had eleven or twelve passages from his bowels, the larger proportion of the passages occurring during the night, which was about the average number of passages during the week previous to admission.

He was at once ordered to take fifteen drops of liquor opii sedativus, and to have a sinapism over the epigastrium, and at the end of half an hour to take ten grains of pulverized ipecac at a dose. This was followed by slight nausea, but not by vomiting; and during the following twenty-four hours he had about six discharges from the bowels. He was then directed to take a second dose of ten grains of ipecac, preceded by the same preparatory means, which produced no vomiting. The discharges were then reduced to three in twenty-four hours, and were of a bilious character, though still somewhat thin. At the end of eight days, the report states that his bowels were regular, his appetite good, and that he was fast gaining strength. He was only confined to his bed during the first days of his stay in the hospital. On the twelfth day after his admission he was allowed to visit outside, and the next day he had two or three stools, and complained of some griping pain in the bowels, but this looseness ceased on the following day. He continued, however, to complain for several days of that griping which is so common a sequel of dysentery when the discharge of bile becomes free, and irritates the sensitive mucous membrane of the intestines as it passes over them. For this he took a few grains of opium, which, with the two doses of ipecac, and the means used to keep the stomach quiet, was all the medication used. His stay in the hospital was twenty-three days.

The third case was in a female, 35 years of age, suffering from the effects of a severe attack of acute dysentery four months previous, who was much reduced when she entered the hospital, and was having eight to ten discharges from the bowels of a mucous and muco-purulent character. She had had sometimes as many as twenty, and seldom less than eight or ten passages in twenty-four hours. She had severe pain in her bowels whenever they were moved, and also when she ate. She had taken opium outside of the hospital without any benefit. The preparatory treatment by laudanum and a sinapism over the epigastric region, was first used in her case, and then ten grains of ipecac given, which produced vomiting in a few minutes. The next day the ipecac was repeated, after using the same preparatory means, and was also thrown off at the end of twenty minutes; but the character of the stools was entirely changed within the next twenty-four hours. They were carefully inspected for several successive days, and were found to be fæcal in their character, and of a healthy color, and soon became of a natural consistence, so that she was in full convalescence in the course of a week, and for the following fortnight she had but one passage daily. The stools were afterwards somewhat more frequent, but continued of a natural color, and free from blood or mucus. No other medicine was used. The diet in this case consisted of beef-tea, house soup, farinaceous or gelatinous articles, carefully excluding every preparation containing milk. Her appetite continued good all the time.

The fourth case was in a sailor, who had been suffering from chronic diarrhœa for some months, and who had been under the use of tonics for some time in the hospital without much benefit. The only point of interest in his case connected with our present subject is that, after a single dose of ten grains of ipecac, given in the way which has been mentioned, and which produced neither nausea nor vomiting, a dark, unhealthy looking stool was followed the next day by one of a bright yellow color, and that he was much better afterwards, and became so impatient that he left the hospital at the end of a few days more.

The diet in all these cases was either farinaceous or gelatinous, except in that of the female, in which animal broths were given—milk was prohibited in all of them.

My attention was first called to the use of ipecac in these doses in chronic dysentery and diarrhœa by a case stated by Dr. McKidd, in the *Edinburgh Medical Journal* for July, 1861, in which he gave twenty grains (reduced in a few days to ten grains) in the form of pill every twelve hours, with the most remarkable effect to a patient who had suffered from diarrhœa for ten years. The diarrhœa is said to have been almost entirely checked by the end of the first week. The cure had lasted three months when the case was reported.

In the same journal is an article by Dr. Cunningham, of Bengal, who speaks of it more especially in acute dysentery, as confirmatory of the plan of treatment recommended by Surgeon Docker, in 1858. He gives from ℥j. to ℥iss. of ipecac in powder, after having first given thirty drops of laudanum, and applied a sinapism over the epigastric region for the purpose of making the stomach more tolerant of the remedy.

Dr. E. H. Janes has given a valuable abstract of the treatment of the acute form by large doses of ipecac, with statistics of the results in the third volume of the Medical Times (page 28, and also page 274) taken chiefly from the *Madras Quarterly Journal of Medical Science*, which contains also an interesting summary of the mode of treatment of this disease in that part of the world. No allusion is made to its use in the chronic form of dysentery and diarrhœa, and it was thought that the preceding cases, though too few in number to form the basis for any statistics, might be the means of directing attention to the use of means which may relieve, at least occasionally, a class of cases known to be among the most obstinate in their resistance to remedies, and which too often go on to a fatal termination with but little if any alleviation.

It is said that the native doctors of Constantinople invariably give large doses of ipecac in dysentery, and that their treatment of it is very successful. They regard milk diet as an absolute poison in its treatment.

THE PRESENT

STATUS OF PSYCHOLOGICAL MEDICINE.

By I. PARIGOT, M.D.,

LATE COMMISSIONER OF LUNACY IN THE COLONY OF GHEEL, BELGIUM, ETC.

II.—Status of American Psychological Medicine in Europe.

I take great pleasure in mentioning the general opinion entertained by foreign psychologists of the value of the scientific productions of their American brethren. It is with much satisfaction that we state that science unites what politics endeavor to separate. If West and Central Europe is enabled to appreciate the American writers, it is entirely owing to the English medical press, especially the two journals on psychiatry. A single example will illustrate the influence which they exert on foreign judgment.

The Psychological Journal, edited by Dr. Forbes Winslow, states that American institutes for the insane are in many respects superior to European. The same journal has always entertained the highest esteem for American authors.

When North America was but a colony, psychological medicine must have been in a relative condition to what the science was at that time in the mother country. What indeed must its state have been in this then distant part of the British empire, when, at home, insane people were considered and treated as criminals? It will naturally be asked, Was insanity as prevalent at that time as it is now? It certainly could not have been, and for many reasons: First, emigration took place for a very different cause than now. Those who left their country were, at that time, generally speaking, men full of energy, who sought only for a place where they could enjoy civil and religious liberty. Then also, labor, temperance, firmness in design, resolution in action, and submission to the will of God, were sufficient to dispel many moral causes of insanity. Under such circumstances the strength of bodily constitution probably enabled them to resist many causes of degeneracy—causes to which society seems to yield in our time. At all events, insanity was not very prevalent, much later, in proportion to the increase of population; for but one asylum, specially designed for the insane, existed as late as 1815; this was at Williamsburg, Virginia. In the other States, the poor were received in general hospitals, or kept in work-houses or in prisons, etc.

It is about that time that the celebrated Benjamin Rust published his work, entitled *Medical Inquiries upon the Diseases of the Mind*. Nothing is more simple and grand than the exordium of this book, and exhibits at once the great abilities and the modesty of its author. The proof of the value of the book lies in the fact that it is still consulted: it contains, it is true, some errors which belong as much to the time in which he wrote as to himself: but what is very remarkable is a profound analysis of our faculties, especially that of *Volition*, considered both in their normal and pathological conditions. The author, much better than many writers in our time, distinguishes very well a *disease* from a vicious disposition.

Since 1820, forty-five public asylums of great dimensions have been erected by different States, and there are six private institutions, which makes the sum of *fifty-one* asylums, with their corresponding number of physicians, who, most of them, have deservedly acquired high reputation and fame—at least they are so considered in Europe. The disproportion of asylums to the population is evident, for the United States, according to statistics, has above thirty millions of inhabitants, which must give not far from *thirty-five thousand* insane patients. Belgium has also just fifty-one asylums, but her population gives *four thousand* lunatics to *five millions* of inhabitants. A proper record of the services rendered to science and humanity by Samuel Woodward, Amariah Brigham, T. R. Beck, Macdonald, and many other departed celebrities, would fill up much of our space, if we should record them, and we shall defer to other occasions to render them the respect and admiration they are entitled to from every one.

Before speaking of the actual leaders of psychological science in the United States, justice and politeness give precedence to a lady, Miss Dix, who has written several memoirs in behalf of the insane: her name is now connected with philanthropic efforts in behalf of our soldiers! This noble-hearted lady has described in these papers the state in which she found many insane patients in poor-houses, prisons, *cellars*, and even *cells* in several States of the Union. Let us hope that such abuses have disappeared.

I do not believe that any country possesses a better staff of psychologists than that which now presides over the public and private asylums of this country. Without endeavoring to mention all, we cannot forbear to allude to Dr. Ray, of Providence, whose writings are in the hands of every psychologist who reads the English language; Dr. Jarvis, of Dorchester, whose reports as Commissioner in Lunacy for Massachusetts, and several memoirs, have proved him one of the ablest psychologists and administrators of our times; Dr. Pliny Earle, of whose works it is difficult to say which is the most important; the staff of writers of the *American Journal of Insanity*, at the actual head of which is Dr. J. P. Gray, should be noticed; Dr. Galt, of Williamsburg, is the first American Psychologist who has shown the advantage of free-asylums, such as Gheel, in America; Dr. Kirkbride, of Pennsylvania, has contributed many important memorials, among which is one on *Cottages for the Insane;* Dr. Howe is the authority on idiocy; Dr. Butler, Dr. C. Browne, and Dr. Chipley have written excellent reports, from which we shall take occasion to gather our information.

In our opinion, the United States, notwithstanding the difficulties arising from a civil war, is in a position peculiarly favorable to accelerate the progress of psychiatry. The number of asylums is greatly deficient, but insanity will now increase from the evils, both moral and physical, that accompany times of war and revolutions. If public expenditures must be suited to the times, asylums may be constructed on principles different and more economical. The cost of buildings may be reduced one-half, and the maintenance to perhaps the two thirds of what it is to-day.

Since the days of the first reformers, Pinel, Daquin, Tuke, Laugermann, and others, there has been a sort of *stand-still* in that movement towards a relative perfection of psychiatry. Our best writers in Europe and America have been almost exclusively occupied, these fifty years, in the details of the construction of asylums. How much has not the therapeutical part of our science been neglected, when the excellence of treatment was considered to be derived from the effect and impressions obtained by discipline, order, regularity, and the divisions and subdivisions of an asylum? How much time, and how many favorable opportunities are lost to science when the material cares of asylums all rest upon superintendents? Some, it is true, in spite of those difficulties, have been able to advance psychiatry, but they are exceptions. Besides, it is clear that they have not given an impulse to therapeutics; their mistake has been to have the care of too great a number of patients, rendering it an impossibility that each should receive the attention required. During this period immense asylums were built on curious principles; economy was sought by *barracking* several hundred of insane (Colney-Hutch near London has nearly 2000 boarders); it was thought that if steam could boil, cook, wash, warm, etc., for a few hundreds, an increasing number of inmates would make a profit! Physicians were considered in the same light; one physician might as well attend to three, four, five, or six hundred patients! The consequence of that *supremacy of mechanism* in treating insanity, and of that impossible economy of a proper staff of physicians, has been the complete impracticability of such establishments as curative ones.

Now, that system is almost condemned everywhere; the reform is going to resume its former action, and, no doubt, instead of building machines to perpetuate insanity, it will have but one care—to cure.

Army Medical Societies.—A medical society has been formed in Gen. Richardson's Brigade, of which Brigade Surgeon D. W. Bliss is President, and Surgeon William O'Meagher, of the 37th N. Y. Vol., Secretary. A medical society has also been formed at Cairo, Ill., of which Surgeon Stearns is President, and Surgeon Taggart, Secretary.

Personal.—Dr. James Bryan, of Philadelphia, has been appointed a Brigade Surgeon in the Burnside expedition. Dr. Henry S. Hewitt, late of this city, is Medical Director of the forces at Paducah, Ky.

Mr. Spencer Wells, who has edited the London *Medical Times and Gazette* since 1853, retired with the close of the last year.

Reports of Hospitals.

U. S. GENERAL HOSPITAL, WASHINGTON, D. C.

I.—GUNSHOT WOUND OF CAROTID ARTERY—SECONDARY HÆMORRHAGE. II.—DIPHTHERIA FOLLOWING TYPHOID FEVER.

[Reported by Lewis H. Bodman, Medical Cadet, U.S.A.]

I. *Gunshot Wound of Carotid Artery, etc.*—Corporal Calef, 2d N. H. Volunteers, was fired on by a sentry, Aug. 7, 1861. The ball entered his left cheek, fractured the inferior maxilla just anterior to its angle, and turning downwards in its course buried itself in the deep structures of the neck. There was considerable hæmorrhage at the time of the accident, but when admitted to the hospital a few hours afterwards, he was in a comfortable condition, bleeding having entirely ceased. No search was made for the ball, but the edges of the fractured bone were retained in apposition by means of a suitable bandage, and quiet enjoined. Diet to consist of nutritious soups and beef-tea. The patient continued in good condition until the afternoon of the 13th, nearly a week after the reception of the injury, when lying quietly in bed he was seized with violent arterial hæmorrhage. The blood poured from his mouth, welling up with each pulsation of the heart. Fortunately a medical officer was in the ward at the moment, and resorted to instant compression over the carotid, but not until a quart of blood had escaped was the hæmorrhage controlled. The patient being now very weak, stimulants were administered, and directed to be given frequently through the night. Continuous compression was kept up over the artery. Notwithstanding these measures, bleeding recurred on two different occasions during the night, and was controlled with great difficulty. The patient sank rapidly until the morning of the 14th, when he died by syncope in another and terrible attack of hæmorrhage.

The *autopsy* made three hours after death disclosed the following lesions: a comminuted fracture of the inferior maxilla just anterior to the angle. Through this the course of the ball could be followed by means of a bougie, down and along the track of the common carotid. The ball was found directly under the omo-hyoid muscle, and imbedded in the sheath of the artery. The artery itself had been lacerated, and the neighborhood of the injury was filled with clotted blood and lymph.

II. *Diphtheria following Typhoid Fever.*—Private Draper, æt. 16, came under observation Aug. 28, 1861, being convalescent from typhoid fever. He was improving steadily upon quin. sulph., gr. ij., and whiskey, an ounce, three times a day. Under this treatment he continued, apparently doing well, until Sept. 3d, when he complained of a cough and "sore mouth." On examination a few spots of follicular ulceration were detected, scattered over the lips and inside of the cheeks, with some signs of inflammation in the throat. A gargle was ordered of liquor sodæ chlorinatis, ʒj.; aquæ ℥ss. In the evening an ordinary cough mixture was prescribed, with a view to allay the cough, which had a peculiar ringing or "brassy" sound. These prescriptions were continued until the 6th, patient meanwhile remaining without change, when at the morning visit a small patch of false membrane was discovered just in front of the velum palati. Chlorate of potassa, one drachm to the ounce of water, was prescribed internally, a tablespoonful to be given three times a day, and the gargle was continued. On the 7th the patient was rapidly growing worse, the membrane having covered both tonsils, and extending downwards into the larynx. Pulse quick and feeble. Skin dry and hot. Continued the prescriptions of yesterday, giving instead of the whiskey a tablespoonful of brandy every three hours, with beef-tea in suitable quantities. 8th. Was very restless, and failing in strength. Pulse frequent and very weak. The membrane seemed still to be extending downwards into the trachea; his breathing was difficult, and he coughed with great distress. There was besides some swelling of the cervical glands. Twelve grains of quinine were dissolved in one ounce of the muriated tincture of iron, and five drops ordered every hour. His throat was sponged twice to-day with a strong solution of nitrate of silver. 9th. Patient passed an uneasy night, and was much distressed in the morning for breath, and extremely irritable in mind. The dose of iron and quinine was increased during the night, and stimulants freely administered. He lingered until 1 P.M. of the 10th, when he suddenly expired.

Autopsy three hours after death.—The larynx was covered with an ash-colored, consistent layer of false membrane, which extended downwards through the trachea and into both bronchii, and upwards over the tonsils on each side into the nares. The heart was natural in appearance. The lungs presented signs of hypostatic congestion and of commencing pneumonia. The liver was somewhat fatty. Kidneys congested. In the ileum there had been disease of Peyer's glands, but *an attempt at cicatrization was in progress*, prior to the attack of diphtheria.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, December 4, 1861.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION OF DR. FORDYCE BARKER'S PAPER ON THE USE OF ANÆSTHETICS IN MIDWIFERY.

(*Continued from page 54.*)

Dr. Geo. T. Elliot, in opening the discussion for the evening, remarked that he had had no experience with any other anæsthetic agent than chloroform, and hence he considered it unnecessary to state that he agreed with Dr. Barker in considering it the preferable agent to ether. He never attended any case of labor without having chloroform in the room, without being willing to offer its advantages, if there was no objection on the part of the patient or the patient's friends, or no physical contra-indication to its use. He could conscientiously say, as the result of no limited means of observation, that he had seen nothing whatever that would cause him to depart from the use of chloroform in accordance with the light of such experience. He had himself taken chloroform thirty or forty times since 1848; had given it to his wife, and to his nearest and dearest relatives and friends, and at all ages, from the tender child of thirteen days old up to an advanced period of life. He therefore believed that he was to be ranked among those whose experience had warranted them in assuming that chloroform was a most valuable agent in midwifery, of the greatest value in obstetric operations, that it was not likely to exert injurious effects upon the mother or child when properly administered, and that its use was perfectly justifiable for purposes of relieving pain. He was in the habit of administering the anæsthetic upon handkerchiefs, frequently changed, so that no one would be used long enough to be saturated with the vapor of the breath. By following this practice he was confident that he prevented a great deal of the suffering from headache, sickness, nausea, and vomiting, which is so apt to occur afterwards. In every case he preceded the exhibition of chloroform by an examination of the heart, and if any disease of that organ existed he preferred ether, for reasons stated at a previous meeting. He, however, did not so much fear the use of the agent in valvular lesions of the heart as in fatty degeneration of the organ, or in those cases where there existed a marked feebleness in the heart's action with a temporary intermission in the pulse. He had, however, given chloroform in cases of fatty degeneration of the heart; the patient's dying with some other disease, thus affording an opportunity of proving the existence of such a lesion by actual inspection.

As to the kind of chloroform used he was forced to state that he had given it in a great many cases without knowing whose preparation it was, merely testing it by its peculiar odor and capability for rapid evaporation when poured upon the hand. He made no distinction between Duncan & Flockhart's chloroform, and that of Squibb. The question, referring to the use of the anæsthetic after loss of blood, he thought was a very serious one to consider, and was prepared to say that he would never employ it in such cases unless he felt sure that the amount of hæmorrhage was not sufficient to produce any danger of syncope. It was *syncope* after all that he dreaded.

With reference to the influence of chloroform on the duration of labor—this was a point of great importance, and one to which he had given his careful attention, from the first time that he became familiar with chloroform in labor. He had learned this, that he never would promise a patient again that she should have chloroform given to her during the whole labor, because he could not promise against its liability of affecting unfavorably the contractions of the uterus. He had seen those cases in which the removal of anxiety and the removal of the consciousness of the patient had given freedom to the uterus to contract, as it were, forcibly and satisfactorily; but he was likewise satisfied from his own experience, that the oxytoccic action of chloroform was exceptional. In some of those cases where chloroform had interposed delay, he had delivered with the forceps, sooner than allow them to wake up to pain again.

In reference to lacerations of the perineum he did not think that chloroform increased the risk of such an accident, but on the contrary tended to prevent it. As for the effects of chloroform on spasmodic rigidity he concurred heartily and entirely with the views expressed in Dr. Barker's paper, but in rigidity from other causes he resorted to measures which he considered much more efficacious, for instance the warm douche, sponge tent, etc.

He was at a loss to understand how it was possible for any gentleman with a large obstetric experience, writing a book for the instruction of others, to say that he found that anæsthetics were not advisable in forceps cases, on account of the desirability of having the assistance of the patient's appreciation of pain. He was satisfied that he could speak to a large enough experience to enable him to form a decided opinion upon the subject, though he very much regretted to have only preserved the records of seventy-four cases of forceps operations, which did not at all represent his share. Of these, here are the results:—fifty-one in primiparæ, nineteen in multiparæ, and seven not noted. Chloroform was given in sixty-nine cases, ether in one case, and nothing in four; in all of which the reasons for its non-administration were sufficiently strong. He believed chloroform to be the most precious agent that could be employed in puerperal convulsions. He could find nothing in his record to cause him to regret having given chloroform in forceps operations, version, or craniotomy. Regarding the removal of the adherent placenta, he could simply confirm the views of Dr. Barker, with the exception that he had found it necessary to remove it much more frequently than he had. He thought that there was a very great amount of truth in that statement, that the "*ultimate*" effect of this anæsthetic was depressing. It is at first stimulating, then sedative, and *ultimately* depressing—though he had never met with danger from this state. The ultimately depressing effects are shown by the diminished frequency and force of the pulse, the diminished capillary circulation, and that coldness which Brown-Séquard pointed out in his lectures in this city some eight years ago. It is this action of chloroform which he esteemed of such value in convulsive cases, and which enabled him more and more to dispense with the bloodletting, and evacuants, and revulsives, on which so great hopes are based. It was this effect, however, which he would dread in those conditions liable to risk from syncope, previously alluded to.

Dr. Griscom remarked that in his experience he was able to corroborate everything that was said in relation to chloroform by Drs. Barker and Elliot. He had never in a single instance been disappointed in the effects of this agent. He had used ether in one obstetric case before chloroform was discovered, and was very unfavorably impressed by it, as a great deal of irritation of the bronchial mucous membrane resulted, and besides, a desirable amount of anæsthesia was not produced. The precise degree of anæsthesia requisite in obstetrics was a nice point to take into account; he had found that the best effects were produced when there was a loss of sensibility without entire loss of muscular power or of consciousness. As regards the mode of administration, his plan was simply to use a single handkerchief. In conclusion, he referred to the marked and prompt effect which the internal administration of chloroform had upon abdominal pains: the dose for an adult was about thirty drops in some mucilage.

Dr. A. K. Gardner stated that his experience with chloroform in midwifery commenced with the first case in which it was used in New York. A woman at 406 Greenwich st. was confined on Feb. 2, 1848; there was nothing unusual about the labor, the vertex presenting. He administered chloroform to her by inhalation for three hours with the happiest effects. The quantity taken was about ℥ ss. The two next cases occurred respectively during the months of February and April of the same year. Since that period he had continued its use in all forms of labor. In sixty-one cases of *forceps application*, the records of which he had preserved, he had given chloroform in eighteen cases, one of which was after the blades had been applied. In one case only had he given sulphuric ether, and in one the woman was so drunk with liquor as to be completely in an anæsthetic condition. He did not think it desirable to lay it down as a rule that chloroform should be given before commencing the operation; neither did he consider it imperative that its administration should be deferred till traction was about being commenced. In the hands of a skilful operator, there was no pain felt from the forceps while being applied; but when applied by a bungler, there might be very great pain, and this should be known to the operator; for pain meant injury, and injury, perhaps, was death. In those cases where the nervous condition of the mother rendered it desirable for her to be unconscious of the dreaded operation, he thought that in skilful hands there was less objection to its early administration.

He had administered chloroform in five cases where the *tractor* had been used; three with chloroform and two without. *Version*, he had, since the same date, performed twenty-one times; in nine cases—one of rupture of the womb—without chloroform, and fourteen with this article. *Cephalic Version*, in one case, without it. In these operations, he was fully persuaded that no one should attempt to perform them without having recourse to anæsthesia, inasmuch as it was sometimes necessary to paralyse the involuntary contractions of the uterus, as well as the voluntary, accessory, abdominal and other muscles. He did not think that chloroform was demanded for the operative part of craniotomy, inasmuch as there was little suffering connected with the operation, and the uterine contractions had generally mostly, if not entirely, ceased when the operation was performed. Usually, too, the efforts of the mother were desirable to expel the fœtus, after the head was broken up; and often there was but little comparative pain during the expulsion of the much-reduced head, particularly if it had been hydrocephalic. *Rupture of the perineum*, he thought, occurred far less frequently with chloroform, than without it. The effect of chloroform was the same in the analogous cases of *rigid os*. There was nothing more certain than the immediate and marvellous effects of this agent in overcoming the spasmodic contractions of the os uteri, which delayed the labor and exhausted the patient in the early stages. He had often completed a labor in half an hour, which threatened without it to endure for hours. If time was the object to be gained, his method would be to give the anæsthetic until its effect

was produced, ordinarily not requiring full anæsthesia; then passing his finger within the os, it might be stretched out, like soft gutta percha; then "letting up" the chloroform, so as to restore the use of the voluntary muscles, the labor was very rapidly completed in primiparæ, and almost instantaneously in multiparæ, as the rigidity of the os did not return, and it had been expanded sufficiently to allow the head to impinge upon it. *Vomiting* frequently occurred after and during the administration of chloroform, but which invariably ceased as soon as the contents of the stomach were expelled, and was more apt to occur where the patient had been eating or drinking freely within a short time previously. This was the only bad effect he had ever noted from chloroform, except that sometimes he had observed slight convulsive stiffening before coming fully under its influence: this was, in one or two instances, so unpleasant in its appearance, that he had been induced to stop its further administration, more as a matter of precaution than of real necessity. He had never seen an instance of *post-partum hæmorrhage* where chloroform had been used; the reason for which he supposed to be, that all irregular and spasmodic actions of the uterus, such as those causing "hour-glass" and other imperfect and natural contractions, were thus controlled by quieting the irritation of the spine, upon which such actions are frequently found to depend. He supposed that chloroform acted first on the lower portion of the spinal cord. Still, where in previous labors there had been hæmorrhage, he had sometimes thought it desirable to exhibit a full dose of ergot, before chloroform, to the patient. The *duration of labor* was unquestionably shortened by chloroform, for the reason that by the relaxation of the perineum it prevented any impediment to the advance of the head. He had found that to make a labor progress as speedily as possible, chloroform should be given only to the point of producing muscular relaxation. He had known the administration of the article, in doses of from five to ten drops, to be attended with the best of results in after-pains; this being inhaled with the commencement of each pain. He had seen *no disease, save acute inflammation of the lungs, in which he thought it improper to resort to the anæsthetic.* He had used it in epilepsy, in fatty degeneration of the heart, in diseases of the valves of the heart, and even in the last stages of phthisis, without any bad result. He had supposed, in all these cases, that there was less danger from the chloroform to the diseased organs than from the straining efforts. In all his cases where chloroform had been taken, none of the muscular soreness usually following labor and lasting for several days ever appeared; and patients, the next day, were much better than ordinary, and got up much easier and sooner. Referring to its *mode of administration*, he stated that it was best to commence slowly, bearing in mind that some patients were more susceptible to its influence than others. He had seen ten drops anæsthetize one patient, while another required ʒj. or ʒ ij. The *quality*, with him, was always of the utmost importance. He considered that the obstetrician was perfectly justified in giving it simply for the relief of the ordinary pains of labor, and he was always ready to give it to most women, with the restrictions mentioned already.

On motion of Dr. Watson, the further discussion of the subject was postponed.

The Academy then adjourned.

Several of the Paris medical journals give the various ages of the present professors of the Faculty of Medicine, which are as follows:—M. Moreau, 72; M. Cruveilhier, 71; M. Rostan, 71; M. Piorry, 67; M. Paul Dubois, 66; M. Velpeau, 66; M. Andral, 64; M. Bouillaud, 64; M. Langier, 63; M. Jobert de Lamballe, 62; M. Trousseau, 60; M. Guillot, 59; M. Moquin-Tandon, 57; M. Malgaigne, 55; M. Nélaton, 54; M. Denonvilliers, 53; M. Gavarret, 52; M. Bouchardat, 51; M. Grisolle, 50; M. Longet, 50; M. Tardieu, 45; M. Würtz, 44; M. Gosselin, 43; M. Jarjavay, 42; and, lastly, M. Regnault, 37.—*Lancet.*

Progress of Medical Science.

OPHTHALMOLOGY.

By Henry D. Noyes, M.D.

The Pathology of Capsular Cataract. By Dr. Schweigger, *of Berlin.* (*Archiv für Ophthalmologie*, Bd. VIII., Ab. I., S. 227.)*—The crystalline lens in the normal state consists of prismatic fibres, or, according to Kölliker, tubules with toothed edges by which they adhere to each other. They contain a semi-fluid substance of an albuminous nature, and transparent. The capsule inclosing the lens is a structureless membrane, with difficulty destructible by chemical reagents, and very slow to lose transparency. Between the anterior capsule and the crystalline lens is a layer of six-sided nucleated epithelial cells. These do not exist upon the posterior capsule, nor upon the front surface of the anterior capsule.

In former days there was no hesitation in classifying cataracts into capsular, lenticular, and capsulo-lenticular. On the contrary, Malgaigne affirmed that capsular cataract never occurs, the membrane always preserving transparency, and in proof he offered many dissections. We now know that the capsule does become opaque. It is not true, however, in cataract, that, as Tyrrell says, "no practical good would result from the most accurate diagnosis as regards the seat of the opacity."

The practical good which results from diagnosticating in a case of cataract the existence of capsular opacities is, that their presence is evidence of complicated cataract. In other words, they show either that the cataract has undergone secondary degeneration, or that the cataract is produced by disease of other tissues of the eye.

By capsular opacities are meant, densely white spots upon the surface of a cataract which contrast more or less strongly with the duller tinted mass. They do not consist so much in change of texture in the capsular membrane itself: this is almost always found to be transparent, and thus far Malgaigne's assertion may be admitted. But the membrane is wrinkled and thrown into folds, it becomes thickened and also thinned. The intra-capsular epithelium undergoes alteration. Opaque lens matter is precipitated upon and attaches itself to the capsule. Such in general is the nature of capsular cataract.

Opaque spots on the capsule give evidence: 1st. Of an "over-ripe" or so-called Morgagnian cataract; 2d. Of chronic irido-choroiditis as the cause of cataract.

One of the signs consulted to determine the "ripeness" of a cataract, is the breadth of the shadow cast upon it by the iris. Mackenzie says, "if the shadow is distinct, the lens is probably small and hard." There is an error here implied, namely, that the whole lens has shrunken and has withdrawn from contact with the iris. We know that the front surface of the lens is always in contact with the pupillary margin—and in cataract a very trifling diminution in bulk takes place. The explanation of the broad shadow is that while the nucleus has become opaque the cortical layers are yet transparent. If no shadow is cast, the whole lens has become opaque.

The cortex of the lens is softer than the nucleus, and where its fibres have degenerated so far as to lose transparency, they after a certain time lose their form. They become disintegrated and liquefied. The nuclear fibres, being harder, are not thus dissolved, and the nucleus as a yellow lentil-shaped body, contrasts strongly both in color and texture with the diffluent cortex. This cortical emulsion, consisting of decomposed lens matter, contains cholesterine, fat globules, myeline, granular matter. Between it and the aqueous humor, interchange takes place by osmosis

* I have not only condensed the article of this able pathologist, who examines the specimens furnished by Prof. Graefe's clinique, but have almost recast it to make its statements more thoroughly appreciated.
H. D. N.

through the lens capsule. The process is most free where the communication is easiest, namely at the pupil. At this situation the capsule acquires a dense opacity. It is produced: 1st. By wrinkling of the membrane, because by liquefaction of its cortex the lens has lost a little in bulk; 2d. By exosmosis, the cortical emulsion becomes thicker, and particles are deposited in a more concrete mass upon the pupillary part of the capsule; 3d. The intra-capsular cells beneath this deposit become atrophied, and adjacent to it become altered: instead of being flat and hexagonal, they are globular, elongated, filled with transparent fluid, sometimes enlarged and of irregular forms.

The kind of capsular opacity indicative of an "over-ripe" cataract, is one corresponding in size and situation to the pupil, of a glistening white color, its edges marked by striæ or dots. It often has a lustrous satiny look, because probably of the greater presence of cholesterine crystals. There are sometimes smaller opaque spots at a distance from the central spot. I may add in aid of the diagnosis, that when, in a dark room, artificial light is by a convex lens cast obliquely upon the cataract, the yellow nucleus may be sometimes seen through the fluid to have fallen from the centre to the bottom of the capsule. If the pupil be dilated it may all be seen, but if not dilated, only its upper rim can be discerned. I need remark nothing upon the importance of diagnosticating an "over-ripe" cataract before the operation is performed.

The second case in which capsular opacity gives valuable information is in the so called "inflammatory cataract," or one resulting from chronic irido-choroiditis. The nutrition of the lens, and therefore its transparency, are impaired by the choroidal disease, and the transformation begins at the surface. Hence capsular opacities appear early. They consist: 1st. In metamorphoses of the intra-capsular epithelium—the cells generated in larger quantities and of irregular shapes; 2d. Membranes are formed which though transparent singly, yet by their arrangement cause opaque spots and thickening of the capsule; 3d. Cretaceous deposit occurs in the transformed tissue. Calcification often beginning in the capsule pervades finally the whole lens—and then the capsule may disappear by atrophy. Opacities do not take place so frequently on the posterior capsule as upon the anterior. They consist of deposits of softened lens matter, and also result by extension of the morbid generation of intra-capsular epithelium to the posterior capsule.

The practical clinical distinction between capsular opacities of chronic irido-choroiditis and of partially liquefied cataract, is that the former are scattered all over the front surface of the cataract, while the latter is mainly confined to one large central spot. Both result directly from a similar cause, namely, softening of the surface of the lens, but the causation of the softening is different.

A third variety of capsular cataract without participation of the lens, is noticed after central perforation of the cornea. This happens oftenest in ophthalmia neonatorum: by ulceration the cornea is perforated, aqueous humor escapes, the lens comes forward, and the capsule for some time lies against the aperture, exposed to the irritating conjunctival secretions. After a time the opening is closed, the anterior chamber re-established, and the cornea may recover transparency. Upon the capsule will remain a central white dot, sharply defined, and penetrating the lens to a certain depth. The capsule has not been ruptured, but contact with the opening in the cornea has caused transformations of the intra-capsular cells and adjacent lens substance.

Lastly, the capsule often remains as an obstruction to vision, after extraction of cataract. It is often dotted with dense white opacities, or totally opaque. These white spots consist partly of softened lens matter entangled in the folds of the membrane, and partly of new formations by prolification of the intra-capsular epithelium. Sometimes this extraordinary development of cells extends even to the posterior capsule.

American Medical Times.

SATURDAY, FEBRUARY 1, 1862.

NEW YORK HEALTH BILLS.

We have at length good evidence that there is to be a reorganization of the Health Department of New York city. Those public-spirited citizens who have for years labored with the most praiseworthy self-sacrifice to obtain such legislative action as would give our city a Health Department worthy of its social, commercial, and intellectual greatness, have at length given to their cause such moral force and such a momentum even in political circles, that the present Legislature cannot safely adjourn without enacting a new Health law. What gives this conclusion greater weight is the fact that all opposition seems not only to have ceased, but has even become clamorous for reform. Health bills now multiply from various quarters, put forward by some individual interest, and each in the hope of riding foremost on the coming tide. Even the grim power that presides over the Death Statistics of New York, who has hitherto stifled the legislative voice with the foul emanations of that bureau, has a health bill before the Legislature. We may take it therefore as a foregone conclusion that a reorganization of our Health Department is about to be made.

The medical profession of this city have always been deeply interested in local sanitary reform, and with them this movement originated. The question which is presented this winter is not, Shall there be a reform, but, What shall be its character? And this question is of vital importance, and we trust no physician will lend his influence to any scheme which does not embody the latest improvements in sanitary legislation. Let us require that our Health Department have: 1. A strong and efficient medical element; and, 2. That its organization embrace in area, as far as possible, every inch of territory liable to affect injuriously the public health of the city, and in authority every power necessary to remove the causes of preventable diseases. Such a Health Department we may now have, if with united voice we demand it. Shall we ask for less?

To those medical men who have not been cognizant of the progress of this measure, the following facts will prove of interest:—The first real efforts to improve our Health Department originated with the Academy of Medicine. The first health bills brought before the Legislature contemplated only such legislative enactments as would create a regular and responsible Board of Health for this city, with a medical man as the chief executive officer, and with medical men as health wardens. The provisions of the bill were entirely local in their effect; subsequent discussions and investigation have led to a material change in the character of this health bill. It was apparent to the more thoughtful that New York never could have an efficient sanitary police unless the jurisdiction of the Central Board extended to all the sources of infection and contagion which surround the city. Of what avail are well executed health laws in New York if the neighboring city of Brook-

lyn, with its constant interchange of people, takes no care to prevent the spread of contagious and epidemic diseases? And of what value is a vigilant sanitary police to New York and Brooklyn when quarantine is allowed to disseminate, without let or hindrance, the seeds of epidemic diseases to both cities? It needed no argument to prove that a mere local board of health was not all that New York with its rapid expansion required. And the same was true of Brooklyn, one of the most rapidly growing cities in this country. Whatever may be the commercial and social relations of these two cities, they are certainly one in their sanitary interests, and they never can be safe until each has a controlling voice in the management of quarantine.

Influenced by such considerations, a joint committee of the Academy of Medicine, of the N. Y. Sanitary Association, and of the Kings County Medical Society, with a medical representation from Richmond county, prepared the bill known as the Metropolitan Health Bill, which erected into a Metropolitan Health District the counties of New York, Kings, and Richmond, with their waters; the Board of Health was to be composed of a representation from each county, according to the ratio of its population, viz. four from New York, three from Kings, and one from Richmond. Three of the seven are to be medical men, viz. two from New York, and one from Brooklyn, are required to be physicians. This bill was before the Legislature last winter, passed the Assembly by a vote of two to one, and was defeated in the Senate. The same bill, after being slightly amended by a joint committee of the bodies above named, has been introduced into the present Legislature, and awaits its action.

Other health bills are already pressed upon the attention of physicians, and will be laid before the Legislature, but there will be none that have the scope of the Metropolitan Health Bill. This feature of our municipal sanitary reform can never again be lost sight of; it is that adopted by London, Philadelphia, and other cities, now famed for their power to avert pestilences, and promote the health and happiness of the laboring classes. We trust no medical man will lend his name or influence to any of the specious health measures which are in circulation. They are framed to promote the selfish aims of designing individuals. The Metropolitan Health Bill alone deserves the support of the profession of this city and Brooklyn.

THE WEEK.

Our readers cannot fail to notice that the Homœopathists are actively engaged in petitioning Congress to recognise Homœopathy in the Medical Staff of the Army, and to instal it in the military hospitals. Although we are not prepared to believe that Congress will commit the indiscretion of granting the prayers of these petitioners, still there are too important consequences at issue in this question for the medical profession to remain indifferent to this effort to demoralize, if not utterly destroy, the Medical Staff of the Army. We have assurances from responsible persons that individual members of Congress, who are jealously guarding the public interests, desire that this effort to legislate quackery into the army, should be promptly counteracted by the medical profession. The legitimate method of accomplishing this object is by remonstrances against legislative prescription of any special systems of practice in the Medical Staff of the U. S. Army. The Academy of Medicine of this city, it will be seen, has taken prompt action in the matter, and we urge all state and local societies to do likewise. In addition let individual practitioners throughout the country forward, at once, remonstrances, signed by the citizens of their locality, to their representatives in Congress.

At a special meeting of the New York Academy of Medicine, held January 29, 1862, Dr. James Anderson, President, in the chair, the following letter, directed to the President, was received from Dr. Valentine Mott.

Sir:—We have all been annoyed with the intimation that the noble Surgical Staff of our Army might be polluted with Homœopathy. We all honor the regular profession, and when an attempt is made to impair its usefulness, or detract from its dignity, we should promptly and unitedly repel it.

Influenced by these sentiments I forward to you the accompanying resolutions, and beg you to introduce them at the meeting this evening, as coming from me. A broken metacarpal bone prevents my presenting them in person.

Yours truly,

Valentine Mott.

1 Gramercy Park, Jan. 29, 1862.

"*Whereas:* Petitions have lately been presented to the Senate and House of Representatives of the United States, for the employment of Homœopaths as Surgeons in the Army; therefore,

"*Resolved:* That the New York Academy of Medicine deem it their duty in the interest of the Army, respectfully to protest against the employment of such practitioners, for the following reasons:—

"1*st.* That the practice wherever subjected to accurate observation has failed to establish itself in any hospital.

"2*d.* That in the countries where it originated and attained its fullest degrees of development, it has not been introduced into the army or navy.

"3*d.* That it is no more worthy of such introduction than other kindred methods of practice as closely allied to quackery.

"4*th.* That such appointments would dissatisfy and dishearten the Medical Staff of the Army, who understand the true character of Homœopathy, and who have entered the service of their country, with confidence that the Government would strive to elevate the standard and promote the efficiency of the Medical Staff—results surely to be defeated by the appointment of Homœopaths.

"*Resolved:* That a copy of the above resolutions be sent to the Hon. Ira Harris, of the U. S. Senate, and the Hon. F. A. Conkling, of the House of Representatives, with a request that the resolutions be presented to the two Houses of Congress."

The resolutions were supported by Dr. Van Kleek, Dr. E. Harris, Dr. Joseph M. Smith, and Dr. Isaac Wood, in brief, but earnest and forcible speeches, and were then unanimously adopted.

On motion of Dr. Adams, the delegates to the State Medical Society were instructed to bring the subject before that body, at its meeting at Albany, on Tuesday next.

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By the kindness of the Surgeon-General of the State of New York, Dr. S. Oakley Vanderpoel, of Albany, we are able to give a list of the Surgeons appointed to Volunteer Regiments in this State, since Dec. 1, 1861, with the changes that have occurred in the regiments in the field, since that date. This information will prove of great interest to the profession of the State. Hereafter, through the favor of the Surgeon General, we shall give weekly reports of these changes.

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Dr. Morton, the alleged discoverer of ether, has at length commenced prosecutions for infringement of his patent. The first Institution summoned to answer was the New York Eye Infirmary, in the U. S. Circuit Court, in this city, Judge Shipman presiding. After taking some medical testimony, the case was arrested by the Judge, for the present term, who doubts the validity of the patent.

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The following delegates to the N. Y. State Medical Society, were chosen by the Academy of Medicine, Drs. John W. Green, O. White, Jared Lindsay, and J. P. Garrish.

Reviews.

TEN LECTURES INTRODUCTORY TO THE STUDY OF FEVER. By ANDREW ANDERSON, M.D., Lecturer on the Practice of Medicine in Anderson's University, Glasgow. London. 1861. Pp. 180.

(*Continued from page* 58.)

THE fourth chapter, which may be said to introduce the second part of the work, opens with a classification of fevers preparatory to treating of the individual fevers.

We must content ourselves with gleaning here and there a quotation of interest.

Diagnosis of enteric and typhus fever:

"It [enteric fever] differs from typhus in this—that it attacks younger people, mostly from twenty to thirty, but very rarely those above fifty; whereas, as we saw yesterday, typhus may attack those of almost any age. Again, its mode of invasion is different. That of typhus is for the most part sudden: begins with vigor, and prostration supervenes at once. The fever of which we now speak begins gradually and insidiously; so much so that the patient may for some days persuade himself that there is nothing the matter with him. * * * Again, the whole aspect of a person laboring under enteric fever is distinct from that of one in typhus. There is not the stupid, oppressed look, which I endeavored to describe to you yesterday as belonging to that disease; there is rather languor, prostration, and indifference to everything; or if there be delirium, it is by no means constant; it is of a milder kind; there is more wandering than confusion. The countenance, too, is different: there is a partial flushing of the checks, with pallor of the other parts of the face, which you never see, I think, in typhus; and the pulse is variable, corresponding with the variable state of the nervous system. The eruption likewise is peculiar: it appears, not on the fifth day, as in typhus, but from the seventh to the twelfth—is not diffused over the whole body, but confined to the epigastrium and abdomen—is not copious, but consists perhaps of but from six to twelve spots. These are slightly round and of a pale rose color. * * * The duration of the malady is greater than that of typhus."

Treatment of enteric fever with reference to the local lesions:—

"The medicines required in these cases ought to be given always with reference to the irritated state of the bowels. Never, although there be diarrhœa, pour into the stomach coarse astringents, such for instance as chalk mixture, tincture of catechu, and so on. Remember that you have to deal with a mucous membrane in an irritated, angry state, ulcerated in all probability, the ulceration perhaps on the point of penetrating through the gut: be cautious therefore; let your remedies be of small bulk, and in as mild a form as possible. You will find that the acetate of lead is a very useful remedy, soothing the irritation, and acting as a mild astringent. Small doses of tannin are beneficial; it may be given in pills made up with a little glycerine, and works to the like good effect. Sulphate of copper in quarter grain doses may be given in similar cases, combined with a very little opium; for I think you will find it advantageous to give small opiates, as long at any rate as there is diarrhœa. Never, however, give opium in such quantity as to lock up the bowels—but only to soothe and check their peristaltic action."

From the quotation given in regard to the treatment of the stage of incubation it might be thought that the author has given in his adhesion to a certain school of latter-day therapeutists not renowned for active antiphlogistic treatment. That his treatment of that stage does not arise, however, from any preconceived notions or prejudices, will be seen by the following remarks on bleeding and mercury in post-febrile ophthalmitis:—

"We learned very important lessons from the treatment of this ophthalmia—lessons which tell against some of the theories which are fashionable at the present day. The previous fever and the actual debility of the patients made me at first eschew anything like depletion; but we found in the failure of other means that bleeding was the most effectual—the only effectual—mode of cutting short this dangerous ophthalmia. We took blood from the arm; the drawing of two ounces was in some cases sufficient to make the patient faintish; but by that small loss we gained our object as we could not attain it by leeching, even to much more copious effusion of blood; it had, I am perfectly satisfied, an effect which no other mode of treatment could have produced—the effect of arresting the inflammation which would soon have destroyed the eye, as amply proved to us by the result of neglected cases. * * *

"The next lesson which we learned from these cases was that mercury was the only trustworthy drug in this disease. Again and again, in tens and scores of cases did we observe, that just as the system became affected by the medicine, just as the gums were touched, the eye, which had till then shown no symptoms of improvement began to get well. The dogma that mercury is of no avail in the treatment of inflammation, is, in my opionion, a dogma as pernicious as it is unfounded; nay even asthenic inflammations, provided only they be of an adhesive nature, like those of serous membranes, and provided the vital power be maintained by sufficient nourishment, are overruled by mercury as by no other agent. * * * Do not, I beseech you, be seduced into believing that inflammations ought to be left to nature's curing, or that bleeding and mercury are worse than useless in treating. Neither bleeding nor mercury is useful in *all* inflammations, nor in every inflammation at every stage; but the notion that they are *never* beneficial took its origin with those who are more disposed to theory than conversant with practice; and who, dealing principally with advanced cases admitted into hospitals, got into the way of thinking of the inflammation as if it were identical with its own products; defining it by describing the changes of structure which it produces; forgetting that there is such a thing as arresting an inflammation *before* these changes occur; and shutting their eyes to the positive clinical proof that the disease may be checked, and the absorption of the effusions promoted, by the agencies of which I have been speaking."

Many other passages we had marked as worthy of selection. But we have undoubtedly given enough to show the manner of the man, and the nature of his work. We feel assured that no student can master its contents without great benefit, and no practitioner arise from its perusal without wishing, as we did, for "more."

J. C. R.

Correspondence.

FOREIGN CORRESPONDENCE.

PARIS.

LETTER FROM C. Y. SWAN, M.D.

Nov. 28th, 1861.

THE excitement and confusion attendant upon commencement occasion having now quite subsided a different state of things is presented. Instead of the riotous conduct, etc., to which I alluded in my last letter, everybody has now a business air. Each professor is punctually at his post, each student has in hand his note-book, the janitor his time-piece, and so once more the machinery of this immense school moves quietly along. As it may possibly interest some readers to hear something more pertaining to it, I beg leave to present them with the following very hurried glance at a few of the most prominent of the faculty.

But before giving such, let me state that there are in France sixteen academies, and besides primary schools all have faculties either of medicine, law, literature, or sciences. These academies are governed by a body of *savans* chosen by the Emperor, and termed the *Conseil Imperial de l'instruction publique.* The academy of Paris consists of five faculties—sciences, letters, medicine, theology, and law. There are but three *superior* schools of medicine—Paris, Montpelier, and Strasbourg; the others are called secondary or preparatory, as at Tours, Dijon, Lyons, etc.

To gain a professorship in former times the ordeal of *concours* had to be passed, but *on dit* that the present Emperor, in order to favor a favorite (Jobert), did away with this trying ceremony, and decreed that all in future should be his appointees. The faculty of Paris is composed of the dean, twenty-six professors, and twenty-four *professeurs agrégés.*

The latter are all hard working young men, and Majesty

in this instance makes no exemption; they attain their position by competition. Of course they have higher aspirations, and in the event of any of the professors being absent from sickness or other causes the vacant chair is temporarily filled by one of them. Their field of labor is at the *école pratique*, and their salaries vary from $400 to $1600 per annum. *It is to these men mostly that the honor of progress is due.*

Deducting the nine clinical professors, who, understand, hold forth *only* at their respective hospitals, from the twenty-six in all, leaves sixteen to fill the various chairs at the Ecole de Médécine. Of course all these cannot lecture at one session, for the school is only open seven hours per day, and each hour is taken up as indicated by the following programme of the Winter session:

Subject.	Professors.	Days and Hours.	
Physique médicale.	Gavarret.	M., W., F., 11	A.M.
Pathologie médicale.	Natalis Guillot.	" " " 3	P.M.
Operations et appareils.	Malgaigne.	" " " 4	P.M.
Chimie médicale.	Nurtzy.	T., Th., S., 10¾	A.M.
Anatomie.	Jarjarvay.	" " " 12	M.
Path. et therap. générale.	Andral, by Axenfield, *agrégé*.	" " " 3	P.M.
Path. chirurgicale	Denonvilliers.	" " " 4	P.M.

Those Professors not here noted will take their places in March, and carry on the spring session.

The clinical professors are distributed as follows:

Subject.	Professors.	Hospital.	Days.
Clinique médicale.	Bouillaud.	à la Charité.	Every morning from 7 to 10 o'clock.
	Piorry.		
	Trousseau.		
	Rostan.		
Clinique chirurgicale.	Lauzier.	à l'Hotel-Dieu.	
	Jobert de Lamballe.		
	Velpeau.	à la Charité.	
	Nélaton.		
Clinique d'accouchements.	Dubois.	à l'Hopital de la Faculté.	

The most attractive lecturer at the college is certainly Malgaigne on operations and apparatuses. The specialty is admirably fitted for him as permitting of digressions into witticisms of the most bitter nature against inventors in general, and old Charrière in particular, who, by the way, is generally alongside. He is certainly the grand leveller. Few operations or instruments are better than blunders, his own excepted, and these invectives are uttered so eloquently, so beautifully sarcastic, that his hearers fail not to evince their appreciation in applause frequent and sincere. Many of the audience are non-professional, mere listeners indeed, who have no interest other than to hear the irony and watch the grimaces of this most peculiar speaker. He has such a crabbed appearance, and the contortion of his features as he is upon the point of saying something severe is so singular and unnatural, as to be comparable only to the face of a snarling dog. A student ignorant of the language can tell when he bites. As a debater he is powerful and fearless, and in the meetings of the Academy of Medicine invariably puts down his antagonist.

Denonvilliers is perhaps the next most popular as a lecturer, and it must be by reason of his very oppositeness to his colleague, for no two men were ever more different than Denonvilliers and Malgaigne.

Jarjarvay makes the hour pass pleasantly, notwithstanding the difficulty of his subject.

From among the clinical professors Trousseau must be chosen as the true orator. Indeed this ought to be his forte, for in early life, besides being a legislator, he was professor of rhetoric. Few men are more admirable for both talent and exterior looks. In manner and appearance he reminds me greatly of Dr. Willard Parker.

Jobert de Lamballe is surgeon to the Emperor, and is besides as unfeeling as a Maisonneuve. He seems never pleased, for ever growling at his aids, doing everything but kicking them, and patients in his wards are scolded at like dogs.

What a contrast is the gentle Nélaton! All mildness with his assistants, and showing extreme sympathy for the sick. The largest *clientèle* lies between him and Trousseau. I am told that Nélaton's income is about 200,000 francs.

Velpeau has been now so long walking the wards, and so long famous, that to foreigners in particular he has become a perfect old curiosity. He is about the first one that the American student just arrived asks to be shown to. In a recent visit to Tours I understood that his studies were begun there, but so long ago that the oldest doctor did not remember. He has more internes and externes under his care than any other, especially of Spaniards. The crowd after him is so large that it is nearly impossible to see more than every fourth bed. He is familiar and kind to every one.

Piorry is called a great oddity with two great hobbies—the making of new sounds by his fingers, and new names with his tongue. For those who have faith to the very finest point in percussion he must be their king. As an instance of his perfection I may mention that I have known him to percuss the spleen some few hours after giving quinine, and detecting a diminution of its volume! He uses simply the pleximeter, to which he has given some new name which I forget. While percussing he never listens, at least scarcely ever. The *tactus eruditus* is upon his fingers, so that the slightest abnormality is at once perceived by them, and simultaneously, uninterruptedly, he announces to his followers the precise condition of the organ in question. His class is only moderate in size, and mostly made up of foreigners. I heard Maisonneuve once say that Piorry could detect and describe a clot beneath the cranium.

Bouillaud is no doubt a little vain of his resemblance to the first Napoleon. For my part I could never see it: but one thing is pretty certain, that is, although a physician he has spilled more blood than any surgeon in Paris. What does Bouillaud do? Bouillaud bleeds.

In conclusion, this sketch of the faculty, I am well aware, is too brief to be perfect. Written without research, I have merely jotted down the facts uppermost in my mind. Many others are well worthy of notice, but these few are the professors that I have followed most, and consequently with whose peculiarities I have become most familiar.

It pleases me to be able to state that I have added the following Parisian journals to the exchange list of the MEDICAL TIMES: L'Union Médicale; La France Médicale; Le Courrier Médicale; Archives de Médicine; La Revue Therapeutic Médico-Chirurgicale; Gazette Hebdomadaire; Moniteur des Sciences; and Le Bulletin Therapeutic.

Army Medical Intelligence.

LIST OF THE NAMES OF SURGEONS APPOINTED TO THE VOLUNTEER REGIMENTS OF THE STATE OF NEW YORK, SINCE DECEMBER 1, 1861. AND THE CHANGES WHICH HAVE OCCURRED IN THE REGIMENTS IN THE FIELD FROM THE SAME DATE.

Dec. 3, 1861.—James C. O'Neil, M.D., Assist. Surgeon 5th Regt., Irish Brigade, since changed to Artillery Regt. Dec. 4.—Elbridge G. Seymour, M.D., Assist. Surgeon, Sacketts Harbor, 94th Regt. Dec. 6.—R. B. Berky, M.D., Surgeon 12th Militia. Dec. 10.—Robert Morris, M.D., Surgeon 91st Regt.; D. S. Landon, M.D., Surgeon Col. Viele's Regt. stationed at Troy. Dec. 12.—Lawrence McKay, M.D., Surgeon 6th Regt., Cavalry; John B. Cooper, M.D., Surgeon 5th Regt., Cavalry; Lucian P. Woods, M.D., Assist. Surgeon 5th Regt., Cavalry; Hiland A. Weed, M.D., promoted from Assist. Surgeon 17th Regt., to Surgeon 25th Regt., vice S. N. Fiske, resigned; Lewis Tice, M.D., Assist. Surgeon 17th Regt., vice Hiland A. Weed promoted. Dec. 13.—Henry Hewitt, M.D., Surgeon 92d (Potsdam) Regt.; Thomas Bradley, M.D., Surgeon Irish Regt., organizing at Rochester. Dec. 14.—Charles S. Goodrich, M.D., Surgeon "Van Buren Light Infantry," organizing at New York; William H. Wiser, M.D., Assist. Surgeon 2d Regt. Artillery, vice Spencer H. Brown, resigned; Robert Treat Paine, M.D., Jr., Assist. Surg. 28th Reg. vice Matthew F. Regan, M.D., discharged. Dec. 17.—G. J. Fisher, M.D., Surgeon of 3d Regt., Eagle Brigade, organizing at Sing Sing. Dec. 18.—Strowbridge Smith, M.D., Surgeon 93d Regt., (Washington Co. Regt.), stationed at Albany. Dec. 13.—Meigs Case, M.D.,

promoted from Assist. Surgeon to Surgeon 43d Regt., vice J. Harry Thompson, M.D., promoted to Brigade Surgeon. Dec. 17.—Andrew H. Smith, M.D., Assist. Surgeon 43d Regt., vice Meigs Case promoted; Spencer S. Sloat, M.D., Surgeon 95th Regt., in process of organization at New York. Dec. 20.—T. C. Wallace, M.D., Assist. Surgeon 93d Regt. (Washington Co. Regt.), stationed at Albany. Dec. 21.—Morris W. Townsend, M.D., Surgeon 47th Regt., vice Whitman V. White resigned; E. Vaudrey, M.D., Surgeon "Enfans Perdus," in process of organization at New York; Frederick Wolf, M.D., Surgeon 39th Regt., vice Leopold Zander resigned; William H. Hall, M.D., Assist. Surgeon 36th Regt., vice Louis D. Radginsky resigned. Dec. 23.—Charles Goodale, M.D., Surgeon 94th Regt., in process of organization at Sacketts Harbor. Dec. 26.—Brower Gessner, M.D., Assist. Surgeon 38th Regt., vice Stephen Griswold deceased. Dec. 27.—David B. Dewey, M.D., Assist. Surgeon 84th Regt. (14th Militia). Dec 28.—George S. Hilts, M.D., Surgeon "Jackson Artillery," organizing at New York.

Jan. 3, 1862.—A. H. Whitford, M.D., Surgeon 99th Regt., "Union Coast Guard," vice Johnson Clark, M.D., deceased. Jan. 6.—George Bayles, M.D., Assist. Surgeon "Col. Doubleday's Regt., Heavy Artillery." Jan. 14.—L. J. Marvin, M.D., Assist. Surgeon of Regt. forming at Rome. Jan. 16.—Charles J. Kipp, M.D., Assist. Surgeon "Seuges Artillery;" Julius A. Skilton, M.D., promoted from Assist. Surgeon 30th Regt., to Surgeon 87th Regt., vice Warren Cleveland, M.D., resigned; Fowler Prentice, M.D., Assist. Surgeon 30th Regt., vice Julius A. Skilton, M.D., promoted. Jan. 17.—William Q. Mansfield, M.D., Assist. Surgeon 92d Regt., organizing at Potsdam; August Hermann, M.D., Assist. Surgeon 29th Regt., vice Chas. H. Osborne, M.D., resigned. Jan. 18.—Eli Samuel Ruggles, M.D., Surgeon 99th Regt., "Union Coast Guard." Jan. 20.—E. B. Berky, M.D., Surgeon "Col. Doubleday's Regt., Heavy Artillery," (transferred from 12th Militia. Jan. 23.—J. E. McDonald, M.D., Surgeon 79th Regt., vice Dr. Norval on parole. Jan. 24.—T. Lewis Hedler, M.D., Surgeon of Regt. organizing under Col. Egloffstein at New York; James L. Farley, M.D., promoted from Assist. Surgeon to Surgeon 84th Regt. (14th Militia), vice J. M. Homiston, M.D., on parole.

Dr. R. B. McCay, Brigade Surgeon, formerly in charge of the General Hospital at Fortress Monroe, from which he was relieved at his own request, has been appointed Post Surgeon, and is now in charge of the Post Hospital, in place of Dr. Cuyler.

STATISTICS OF DISEASES AT FORTRESS MONROE.

[Army Correspondence of the American Medical Times.]

Fortress Monroe, Va., Jan. 14, 1862.

I am permitted to place at your disposal the following, from the reports of the several Surgeons of this Division of the Army, for the month of Dec., 1861.

There were 12,215 enlisted men, and 503 officers, reported on the last day of December. There were 2783 taken sick during the month, of whom 32 were sent to the General Hospital for treatment; 2087 were returned to duty; 25 received furlough; 74 were discharged from service; 27 died; and there remained 288 sick, and 653 convalescent.

The diseases were, of fevers, 11 cases of continued; 207 of intermittent; 130 of remittent; and 105 of typhoid. There were 3 cases of erysipelas; 99 of rubeola; 2 of variola; 3 of varioloid; 2 of cholera morbus; 35 of colic; 100 of constipation; 268 of acute diarrhœa; 4 of chronic diarrhœa; 45 of dysentery; 47 of dyspepsia; 18 of gastritis; 1 of chronic hepatitis; 16 of icterus; 1 of peritonitis; 1 of splenitis; 52 of tonsilitis; 8 of asthma; 201 of acute bronchitis; 16 of chronic bronchitis; 318 of catarrh; 6 of hæmoptysis; 7 of laryngitis; 9 of phthisis pulmonalis; 12 of pleuritis; 7 of pneumonia; 8 of angina pectoris; 1 of varicocele; 1 of apoplexy; 15 of cephalalgia; 1 of cerebritis; 5 of epilepsy; 1 of irritatio spinalis; 1 of mania; 16 of neuralgia; 1 of paralysis; 3 of syphilitic bubo; 19 of gonorrhœa; 7 of ischuria et dysuria; 1 of nephritis; 15 of orchitis; 4 of stricture of urethra; 4 of primary syphilis; 10 of consecutive syphilis; 1 of anasarca; 1 of hydrocele; 24 of lumbago; 132 of acute rheumatism; 34 of chronic rheumatism; 19 of abscess; 2 of anthrax; 6 of paronychia; 19 of phlegmon; 26 of ulcer; 3 of burns; 38 of contusion; 5 of fracture; 4 of hernia; 2 of luxation; 27 of sub-luxation; 47 of incised wound; 30 of contused and lacerated wound; 6 of punctured wound; 9 of gunshot wound; 2 of amaurosis; 20 of ophthalmia; 3 of otalgia; 5 of otitis; 3 of otorrhœa; 52 of debility; 22 of hæmorrhoids; 12 of morbi-cutis; and a few others of no importance.

Of the 27 deaths, 14 occurred at the General Hospital. The diseases were, from typhoid fever, 15; capillary bronchitis, 3; typhoid pneumonia, 2; double pneumonia, 1; cerebro-spinal meningitis, 1; rubeola, 1; cerebritis, 1; apoplexy, 1; epilepsy, 2; enteritis, 1; and 1, the disease not given.

The weather during the month was very fine, like early Autumn in the more Northern States, except that it was not so cold. From the Register I take the following:—There were during the month 25 fair days, and 6 cloudy, 2 of rain, and one, it snowed a very little. The mean temperature for the month was 46°, maximum, 63°, minimum 30°.

The regiments at Camp Hamilton and Newport News, except those provided with houses in which to treat their sick, have built hospitals for themselves of logs, which they bring from the woods—the crevices between the logs filled with clay—for the roof, U. S. provides them with boards. They are 18 feet by 30, and make very comfortable quarters for the sick.

I hear no complaints among the medical officers, except, that too much physic, and *too little surgery* is required of them.

J. W. Hunt,
Surgeon, 10th Reg. N. Y. V.

Medical News.

Medical Society of the State of New York.—The "Times" will be before its readers in season to remind them of the meeting of the Medical Society in Albany, on Tuesday, Wednesday, and Thursday of next week. The New York County Society is entitled to seventeen delegates, New York Academy of Medicine to five, four Medical Colleges each one, Kings County Medical Society to seven, and Long Island College Hospital to one, making from New York and Brooklyn, thirty-four delegates. How many of this number will be present? Let the answer be creditable to the profession in both cities. Everything promises favorable for an interesting meeting. The address by Dr. E. H. Parker, on Wednesday evening, will doubtless be able, eloquent, and patriotic. The Society will be entertained by the Surgeon-General, and Dr. Swinborne.

Benj. E. Bowen, M.D., Chairman of the Committee on Medical Societies and Colleges of the Assembly of this State, is an able and accomplished physician, from the county of Oswego; his residence being Mexico. It is fortunate for our profession that the chairman of this committee has always been one of the best representatives.

Dr. Gurdon Buck has resigned the post of Surgeon to the New York Eye Infirmary, and Dr. F. J. Bumstead, late Assistant Surgeon, has been appointed to fill the vacancy.

Death of Dr. Daniel Brooks.—At a meeting of the Kings County Medical Society, convened on account of the death of Dr. Daniel Brooks, late President of the Society, the following resolutions were unanimously adopted:

Whereas, In the dispensation of Providence, our friend and fellow member, Dr. Daniel Brooks, late President of this Society, has been removed by death, therefore be it

Resolved, That while we recognise the wisdom and goodness of God in all His ways, and bow in humble submission to his inscrutable decrees, we cannot but deplore the loss of one who was endeared to us in all his social and professional relations, and for whose manly and ingenuous character we had an unqualified respect.

Resolved, That the warmest sympathy of this Society is felt for the family who so suddenly and under such peculiarly trying circumstances have been deprived of a husband and father.

Resolved, That the Society attend the funeral of our brother in a body, wearing the usual badge of mourning.

Resolved, That a copy of these resolutions be sent to the family of the deceased, entered on the minutes of the Society, and published in the Brooklyn papers, and the American Medical Times.

John G. Johnson, M.D., *Secretary.*

MARRIED.

LANING—TOUCEY.—January 12, 1862, in Zion Church, McLean, W. N. Y., by the Rector, the Rev. C. S. Percival, A.M., OLIVER LANING, M.D., and MISS SABINA JANE TOUCEY—all of McLean.

PUBLICATIONS RECEIVED.

On the Animal Substances employed as Medicines by the Ancients. By G. J. Fisher, A.M., M.D., of Sing Sing, N. Y.

A System of Surgery; Pathological, Diagnostic, Therapeutic, and Operative. By Samuel D. Gross, M.D., Professor of Surgery in the Jefferson Medical College of Philadelphia, etc., etc. Illustrated by twelve hundred illustrations. Second edition, much enlarged and carefully revised, in two volumes. 1862.

Eighth Registration Report of Rhode Island. 1860.

TO CORRESPONDENTS.

Communications are on file for insertion from Dr. Chas. W. Rawson, Surgeon to the 5th Iowa Reg. Vol.; Dr. William O'Meagher, Surgeon to the 37th Reg., N. Y. Vol.; Dr. James Bryan, late Surgeon to the Cameron Dragoons; Dr. Geo. W. Willison, Fort Michigan, Va.

Revaccination.—I find revaccination successful in many instances where there is a well defined cicatrix from former vaccination. I have, in one instance, seen the variolous eruption appear after the vaccine vesicle was fully and perfectly formed upon a person who had had in childhood the cow pox, contracted direct from the cow, and who has perfect and well formed cicatrices about the wrists indicative of that distemper.

O. S. C.

PHILA., JEFF. CO., N. Y.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

Abstract of the Official Report.

From the 20th day of January to the 27th day of January, 1862.

Deaths.—Men, 77; women, 89; boys, 119; girls, 106—total, 391. Adults, 66; children, 225; males, 196; females, 196; colored, 6. Infants under two years of age, 135. Children reported of native parents, 24; foreign, 180.

Among the causes of death we notice:—Apoplexy, 10; Infantile convulsions, 23; croup, 11; diphtheria, 14; scarlet fever, 36; typhus and typhoid fevers, 10; cholera infantum, 0; cholera morbus, 0; consumption, 61; small-pox, 14; dropsy of head, 14; infantile marasmus, 8; diarrhœa and dysentery, 0; inflammation of brain, 6; of bowels, 7; of lungs, 40; bronchitis, 7; congestion of brain, 9; of lungs, 10; erysipelas, 4; whooping cough, 7; measles, 1. 239 deaths occurred from acute disease, and 28 from violent causes. 241 were native, and 120 foreign; of whom 78 came from Ireland; 7 died in the Immigrant Institution, and 37 in the City Charities; of whom 8 were in the Bellevue Hospital.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Jan. 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Saturation, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	Ins.	Ins	°	°	°	°	°			
19th.	29.81	.30	32	30	34	1	1½	E.	10	930
20th.	29.78	.26	32	30	34	1	2	N.E.	10	930
21st.	30.00	.19	28	26	31	3	4	N.E.	10	775
22d.	30.00	.08	31	27	35	3	4	N.W.	10	780
23d.	30.00	.01	33	26	40	3	5	N.W.	9	789
24th.	30.00	.22	31	28	36	3	4	N.E.	10	780
25th.	29.47	.60	35	30	36	½	1	N.E.	10	960

REMARKS.—19th, Light rain all day, fog late P.M. 20th, Rain-storm all day. 21st, Wind fresh late P.M., with snow. 22d, Snow early A.M. 23d, Variable sky mid-day. 24th, Barometer nearly stationary for the previous four days, followed by a remarkable gale, commencing with hail at 8 P.M., which continued all the night and the forenoon of the 25th, with hard rain from early A.M. to noon. Heavy rain again from 5 to 7 P.M. Amount of rain, melted snow, etc., for the week, four inches.

MEDICAL DIARY OF THE WEEK.

Monday, Feb. 3.
- NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M.
- BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M.
- EYE INFIRMARY, 12 M.

Tuesday, Feb. 4.
- NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M.
- BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M.
- OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

Wednesday, Feb. 5.
- NEW YORK HOSPITAL, Dr. Cock, half-past 1 P.M.
- BELLEVUE HOSPITAL, Dr. Sayre, Is. Hos., half-past 1 P.M.
- EYE INFIRMARY, 12 M.

Thursday, Feb. 6.
- NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M.
- BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M.
- OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

Friday, Feb. 7.
- NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M.
- BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M.
- EYE INFIRMARY, 12 M.
- EYE INFIRMARY, Dr. Noyes's Lecture, half-past 1 P.M.

Saturday, Feb. 8.
- NEW YORK HOSPITAL, Dr. Cock, half-past 1 P.M.
- BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M.
- OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.—*Pursuant to Statute, the Fifty-fifth Annual Meeting of the Medical Society of the State of New York, will be held on the first Tuesday of February next (Tuesday, February 4th, 1862), in the City of Albany. The meeting will be held in the City Hall.*

NEW YORK COUNTY MEDICAL SOCIETY.—*The Stated Monthly Meeting of this Society will be held at the College of Physicians and Surgeons, corner of Fourth Avenue and Twenty-third street, on Monday, 3d inst., at 7½ o'clock P.M. Medical intelligence to be communicated and discussions to be held.*

NEW YORK ACADEMY OF MEDICINE.—DR. I. E. TAYLOR *will read a paper on the* NON-*Shortening of the Neck of the Uterus up to full term of pregnancy, illustrated with diagrams of the different views entertained on the subject, on Wednesday evening, February 5th. After which,* DR. J. BYRNE *will read a paper on "Pelvic Hæmatocele."*

E. & S. FOUGERA, PHARMACEUTISTS,

No. 30 N. William st., N. York, and No. 169 Atlantic st., Brooklyn,

GENERAL AGENTS FOR THE FOLLOWING PREPARATIONS:

AGENTS: T. METCALF & CO., BOSTON, MASS.; H. P. WAKELEE, SAN FRANCISCO, CALIFORNIA; E. L. MASSOT, ST. LOUIS, MO.; , BALTIMORE, MARYLAND, ETC., ETC.

To be had also from the first class Drug Stores.

ALBESPEYRE'S BLISTERING TISSUE.

This Tissue is always reliable, being of a uniform strength and blistering in six hours. It is neat, handy, economical, and of a great convenience for *Physicians* (*principally country Physicians*) *Pharmaceutists*, and *Patients*. Generally used in the civil practice; it is the only one employed in the active armies and hospitals of France.

ALBESPEYRE'S EPISPASTIC PAPER, is used for maintaining blisters, in preference to any drawing ointments.

RAQUIN'S CAPSULES,

Approved by the French Academy of Medicine—Daily prescribed with success by the profession at large. These *Capsules* are superior to any similar preparations.

GENEVOIX PURE OIL OF HORSE CHESNUTS.

This ANTI-GOUT preparation is among the numerous topical applications possessed by therapeutics, the best external remedy for GOUT, RHEUMATISM, and NEURALGIA.

N.B. *It is very important*, in applying this oil, to rub gently on the inflamed part, *till the skin is completely saturated with the oil.*

E. GENEVOIX, Phen., 14 Rue des Beaux Arts, Paris.

BLANCARD'S PILLS OF IODIDE OF IRON.

Every physician, every work of medicine, regards the Iodide of Iron as an excellent preparation, uniting the properties of both Iron and Iodine.

Each pill contains one grain of Iodide of Iron, the dose is two to four pills a day. None are genuine which have not a reactive silver seal attached to the lower part of the cork, &c., &c.

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BONJEAN'S ERGOTINE & DRAGÉES OF ERGOTINE.

Bonjean's Ergotine, or purified Extract of Ergot, is the extractive principle of Secale Cornutum, minus its poisonous substance. In consequence, *Bonjean's Ergotine* may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of *Bonjean's Ergotine* is from five to 10 grains, daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

LABELONYE, Phen., No. 19 Rue Bourbon, Villeneuve, Paris.

QUEVENNE'S IRON AND DRAGÉES OF IRON BY HYDROGEN.

Physicians desirous to have a faithful article, will prescribe *Genuine Quevenne's Iron*, which is always uniform and reliable, and quite different from the commercial Iron by Hydrogen.

It comes in small bottles, with a tin spoon containing two grains of Iron, which is a dose. E. GENEVOIX, 14 Rue des Beaux Arts, Paris.

LEBEL'S SAVONULES OF COPAIVA, &c., &c.

The unfriendly action of Copaiva on the stomach, causing nauseous eructations and gastric derangements, renders its continued employment often impossible. In Lebel's Savonules, the Balsam, by its saponification with an alcali, is modified in such a manner, that its digestion is easy and its absorption more ready, besides its elegant form and disguise under a coating of gluten, recovered by sugar as a dragee, neither offend the sight nor displease the palate.

PIERLOT'S VALERIANATE OF AMMONIA, *FOR NERVOUS AFFECTIONS.*

This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

Genuine Pierlot's Valerianate of Ammonia is a most efficacious remedy in *Neuralgia*, *Epilepsy*, *Convulsions*, *Hysteria*, &c., &c.

DOSE.—Two to three teaspoonfuls daily.

PIERLOT, Phen., 40 Rue Mazarine, Paris.

BOUDAULT'S PEPSINE,

Successfully prescribed in *Dyspepsia*, *Gastralgia*, *in slow* and *difficult digestion*, in *chronic diseases*, and also to arrest *vomiting during pregnancy*.

DOSE.—Fifteen grains in powder, two or three times a day, just before eating.

LABELONYE'S GRANULES OF DIGITALIS,

Each Granule contains one-third of a grain of Hydro-alcoholic Extract of Digitalis Purpurea. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the *Pulsations of the Heart*, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations*, *Aneurisms*, and *Hypertrophies* of the *Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

DOSE.—Four to ten Granules daily.

LABELONYE, Phen., 19 Rue Bourbon Villeneuve, Paris.

FRUNEAU'S ASTHMATIC PAPER.

This paper contains a determined quantity of Nitrate of Potash, Belladonna, Hyosciamus, Stramonium, and it burns well, and its pleasant fumes near the patient, in a closed room, relieve immediately all oppressions.

FRUNEAU, Phen., NANTES, FRANCE.

E. & S. FOUGERA'S COMPOUND DRAGÉES OF SANTONINE.

These Dragées compound of Santonine and Jalapine are at the same time vermifuge and purgative—being coated with sugar they are pleasant to take, even for children. Each Dragée contains half a grain Santonine and one-fifth of a grain of Jalapine, with chocolate and coated with sugar.

DOSE.—Ten to twelve a day for an adult, repeated three days.

GELIS & CONTÉ'S DRAGÉES OF LACTATE OF IRON.

Approved by the French Academy of Medicine.

The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis*, *Whites*, *Amenorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

DOSE.—Two to three, three times a day.

PAULLINIA-FOURNIER,

Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia*, *Headache*, convulsions of the stomach, &c., &c. It is favorably spoken of by Drs. Trousseau, Pidoux, Grisolle, &c., &c. No. 26 Rue d'Anjou St. Honoré, Paris.

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The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of *general debility*, *Anemia*, *Dyspepsia*, *Neuralgia*, and principally where a nervous tonic is indicated.

DOSES.—Two to four Dragees, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

APPROVED BY THE FRENCH ACADEMY OF MEDICINE.

This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as codliver oil. DOSE.—A teaspoonful two or three times a day.

No. 19 Rue Bourbon Villeneuve, Paris.

E. & S. FOUGERA, Pharmaceutists, New York and Brooklyn,

GENERAL AGENTS FOR THE ABOVE PREPARATIONS.

N.B. PHARMACEUTISTS AND WHOLESALE DRUGGISTS will find it to their advantage to send for our new Price Current, in which the prices of Imported French Medicinal Preparations are much reduced.